

PVAMC CONTRACTOR ORIENTATION



Philadelphia Veterans Affairs Medical Center, Philadelphia, PA
Main Address: 3900 Woodland Avenue, Philadelphia, PA 19104
Main Phone #: 215-823-5800

Leadership:

Director: Daniel D. Hendee, FACHE

Associate Director of Finance: Jeffrey A. Beiler

Associate Director of Clinical Operations: Elizabeth S. Helsel

Chief of Staff: Ralph Schapira, MD

Associate Director of Patient/Nursing Services: Karin Cooke, RN (Acting)

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The Philadelphia VA Medical Center

The Philadelphia VA Medical Center provides health care to Veterans living in America's fifth-largest metropolitan area, including the city of Philadelphia and six surrounding counties in Southeastern Pennsylvania and Southern New Jersey. The Philadelphia VAMC is part of the VA Healthcare Network - VISN4 and serves as an acute referral center for VA health care facilities in eastern Pennsylvania, Delaware and Southern New Jersey.

The facility is staffed by approximately 2,000 employees and supports 145 acute care beds and 135-bed Community Living Center. Philadelphia VAMC also operates community-based outpatient clinics in Fort Dix, NJ, Gloucester County, NJ, Camden, NJ, and Horsham, PA (Victor J. Saracini VA Outpatient Clinic) in which more than 86,000 Veterans visited in 2012.

More than 57,500 Veterans are enrolled for health care at PVAMC, with nearly 463,000 visits in 2012. The Medical Center has an operating budget of more than \$474 million and focuses on several mission areas: providing health care, conducting medical research, training health care professionals for the future, and being prepared to serve in the event of a crisis or emergency.

Affiliated with the University of Pennsylvania and numerous other allied health schools and colleges, the Philadelphia VA Medical Center offers comprehensive surgical, medical and psychiatric care to include special emphasis programs, alcohol and drug dependence treatment, and rehabilitative care.

The Philadelphia VA Medical Center has the distinction of being awarded several National Research Centers of Excellence including Parkinson's Disease Research, Education and Clinical Center (PADRECC); Mental Illness Research Education and Clinical Center (MIRECC); Center for Health Equity Research and Promotion (CHERP); Center of Excellence for Substance Abuse Treatment and Education (CESATE) and Regional Sleep Center. Philadelphia VAMC is one of the National Polytrauma Rehabilitation network sites and is home to the National Center for Homelessness among Veterans.

Our Mission Statement

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

Our Vision Statement

To be a patient-centered, integrated health care organization for Veterans providing excellence in health care, research and education; an organization where people choose to work; an active community partner; and a back-up for national emergencies.

VA Core Values

Because I CARE, I will...

Integrity: Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

Commitment: Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

Advocacy: Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

Respect: Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

Excellence: Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

VA Core Characteristics

Trustworthy: VA earns the trust of those it serves – every day – through the actions of all employees. They provide care, benefits, and services with compassion, dependability, effectiveness, and transparency.

Accessible: VA engages and welcomes Veterans and other beneficiaries, facilitating their use of the entire array of its services. Each interaction will be positive and productive.

Quality: VA provides the highest standard of care and services to Veterans and beneficiaries while managing the cost of its programs and being efficient stewards of all resources entrusted to it by the American people. VA is a model of unrivalled excellence due to employees who are empowered, trusted by their leaders, and respected for their competence and dedication.

Innovative: VA prizes curiosity and initiative, encourages creative contributions from all employees, seeks continuous improvement, and adapts to remain at the forefront in knowledge, proficiency, and capability to deliver the highest standard of care and services to all of the people it serves.

Agile: VA anticipates and adapts quickly to current challenges and new requirements by continuously assessing the environment in which it operates and devising solutions to better serve Veterans, other beneficiaries, and Service members.

Integrated: VA links care and services across the Department; other federal, state, and local agencies; partners; and Veterans Services Organizations to provide useful and understandable programs to Veterans and other beneficiaries. VA's relationship with the Department of Defense is unique, and VA will nurture it for the benefit of Veterans and Service members.

Site of Care & Services Offered

- **Cafeteria**

Monday-Friday; 7 a.m. - 3:30 p.m.; Closed weekends

Visitors are welcomed to eat in the Medical Center Canteen, which is located on the first floor of the Building One. We offer hot and cold entrees, beverages and desserts. Vending machines are available for your convenience 24 hours a day.

- **Coffee Shop**

Monday-Friday; 7 a.m. - 2:30 p.m.; Closed weekends

Our Starbucks® Coffee Shop is located on the first floor of the Ambulatory Care building near the main entrance. Visitors may select from a variety of pastries, light sandwiches, salads, and beverages.

- **Retail Store**

Monday-Friday; 7:30 a.m. - 4 p.m.; Open every other Saturday

We offer a full-service retail store with such products as electronics, cosmetics, toiletries, and clothing. Items may be purchased tax-free. The retail store is open to patients, staff, and caregivers, and is located on the first floor of the Building One, across from the Cafeteria.

All facilities are closed on Sundays and Holidays.

- **Facility Maps**

View layout of each floor at:

http://vaww.philadelphia.va.gov/facility_maps/First_Floor_Map.asp

CUSTOMER SERVICE - Treating Veterans with C.A.R.E

Customer Service: Overall Goal

Improve verbal and non-verbal communication of employees who have frequent contact with veterans and families in order to improve customer satisfaction and positively impact health care outcomes

Health Care Involves Everyone

- Everyone who talks to a veteran has an impact on the veteran's health care
- No matter what our job, what we do has an effect on health care

The Human Part of Health Care Is Important

- Veterans report that their interactions with staff are key to their overall satisfaction of health care visits
- Satisfied patients take medicines and keep their appointments, resulting in better health!

Keys to Satisfying Encounters

- Being courteous
- Being helpful
- Receiving accurate information

Talking With Veterans

- How we talk to veterans is part of the health care we provide
- Practice helps us to improve these skills

C.A.R.E.

- *Connect*
- *Appreciate*
- *Respond*
- *Empower*

Connect

This involves making a personal connection to the veteran as a person

Appreciate

Let the veteran know **YOU** appreciate the situation in which they find themselves in

Respond

- Listen
- Clarify

- Use common language
- Offer possible solutions
- Find someone to help when you can't
- Avoid using rules as reasons not to help
- Explain the process

Empower

Inspire veterans to have confidence in their ability to contribute to their health and health care

Service Recovery

- What do we do when we have failed the veteran?
- How do we rebuild the trust?

Service Recovery Steps

Step 1: Discover the problems

Step 2: Get on the same side

Step 3: Create solutions

Questions / Concerns?

Contact:

- Timothy Kelly, Customer Service Coordinator; Phone#: 215.823.5800; ext.: 6801
- Sean Harris, Patient Advocate, Phone 215 823 5800; ext.: 3167
- Bridget Briscella, Patient Advocate, Phone 215 823 5800; ext.: 4211
- Carol Stanton, Patient Advocate, Phone 215 823 5800; ext.: 3164

Compliance and Business Integrity

What is Compliance?

At its core, Compliance is concerned with Doing things right, and Doing the right things!

Compliance & Business Integrity Purpose

- ▶ The Philadelphia VAMC created its Compliance & Business Integrity (CBI) program to:
 - monitor and advise in matters related to our organizational integrity in the business arena;
 - provide reasonable assurance that our business operations follow all applicable laws, regulations and guidelines; and promote excellence in our business practices.
- ▶ In practice the Compliance Program should effectively articulate and demonstrate the Philadelphia VAMC's commitment to the compliance process.
- ▶ The CBI Program provides Philadelphia VAMC and VHA Leadership with reasonable assurance as to whether operational systems exist to achieve the highest standards of business integrity.
- ▶ The Program provides credible evidence to outside entities and patients that operational systems exist to achieve the highest standards of business integrity.
- ▶ Our CBI program supports the VHA core values of:
 - **Trust**
 - **Respect**
 - **Commitment**
 - **Compassion**
 - **Excellence**
- ▶ An oversight function which allows the Philadelphia VAMC to demonstrate that its business practices are legal, compliant, ethical and in accordance with established guidelines, rules, and regulations.

Compliance & Business Integrity Role

- ▶ The role of the Compliance Office at Philadelphia VAMC includes:
 - Oversight role
 - Staff education & reference resource
 - Communication for policies and initiatives
 - Monitor business practices and effectiveness
 - Audits business practices and effectiveness
 - Self-assessment, data collection and reporting
 - Inquiries and Investigations derived from
 - Toll Free Hotline
 - Audit outcomes and local reports
 - Staff issues and questions

Compliance & Business Integrity Key Elements

- Compliance Officer
- Compliance Committee
- Training & Education
- Auditing, Monitoring & Self-Assessment
- Communication with & access to the Compliance Officer
- 24/7 Toll Free Compliance Hotline
- Investigations & Resulting Corrective Action Plans
- Enforcement, Discipline & Recognition Guidelines

Compliance & Business Integrity Key Program Reports & Deliverables

- ▶ Important Program Reports & Deliverables
 - Risk Assessment
 - Used to enumerate and assess risks to the Philadelphia VAMC
 - Training & Education Plan
 - Training and education modules are presented in an effort to education staff on appropriate procedures and mitigate an identified risk
 - Auditing Plan
 - Performed by the CBIO to confirm that business operations and health information practices are conducted in accordance with applicable laws, regulations and rules.
 - Monitoring Plan
 - *Performed* by the Services with CBIO oversight to confirm that business operations and health information practices are conducted in accordance with applicable laws, regulations and rules.
 - Annual Report
 - Quarterly Reports
 - Action Plans
 - Once a risk has been identified, action plans are put into place to appropriately mitigate that risk

Compliance & Business Integrity

- ▶ What exactly is a compliance issue?
 - An issue or problem in any of our business areas which results in errors in:
 - Registration/Eligibility
 - Medical record documentation
 - Coding
 - Billing

If you believe there is an issue as described above, report it to the CBIO! It may be a potential Compliance Issue! We want to know and we want to do the right things! Reprisal against you is prohibited by law!

Compliance & Business Integrity

- ▶ What do you need to know as an employee at Philadelphia VAMC?
 - What is or could be a potential Compliance issue as discussed earlier.
 - How to resolve your concern.
 - Remember that compliance is everyone's job.

► **To report a Potential Compliance Issue:**

- Tell your Supervisor or Service Chief
- Call, visit, or Email Philadelphia VAMC Compliance Officer
 - Pauline Graham, Compliance & Business Integrity Officer
 - Office: First Floor, Building 1, just past the Executive Office
 - Telephone: (215) 823-6369
 - Email: Pauline.Graham@va.gov
 - Call the national toll-free CBI Hotline: (866) 842-4357

► **Remember:** WE ALL ARE RESPONSIBLE FOR THE VALUE OF OUR SYSTEM TO OUR VETERANS.

► In closing I would like to leave you with these thoughts...

- **"Our Culture of Compliance:**
- Compliance *is* business as usual.
- Compliance *is* the job, not an impediment to the job.
- The compliance officer is my friend.
- Cooperate — we are all dedicated to doing the right thing always."
 - *Excerpt from Our Ethical Culture presented on the compliance listserv sponsored by the American Health Lawyers Assn. (AHLA) by Scott Pugsley, an attorney with Intermountain Healthcare in Salt Lake City, where it was discussed by listserv members and finally organized as it appears by Don Koenig, vice president and assistant general counsel, corporate responsibility, for Ohio-based Catholic Healthcare Partners.*

Emergency Management

Every hospital's goal is to maintain a safe environment for all patients, visitors, and staff. To fulfill this goal, PVAMC must be able to handle emergencies at any time. Every person in the Medical Center is involved in Emergency Preparedness from the Director of the Medical Center to the newest staff member

Emergency Management Has **Four** Stages. These stages are:

1. Mitigation
2. Preparedness
3. Response
4. Recovery



Each Service Line has its own set of emergency responsibilities to perform. Your supervisor is responsible for ensuring you know your Service Line Specific Emergency Preparedness Plan.

The Emergency Operations Plan (EOP) defines the roles of many organizations and individuals. Some of the key Medical Center Services include...

- PVAMC Administration
- VA Police
- Facilities Management
- Medical Staff

Important Telephone Numbers

- | | |
|-------------------------|------|
| • VA Police | 6225 |
| • Hazard Communications | 4104 |
| • Occupational Safety | 6109 |
| • Life Safety/Fire | 5909 |
| • Utilities Mgmt | 5811 |
| • Radiation Safety | 6009 |
| • Infection Control | 2916 |
| • Security Mgmt | 5895 |

Emergency/Hotline Numbers:

- | | |
|----------------|-------------|
| • Fire | 2000 |
| Cardiac Arrest | Code (2633) |

**It is important to be familiar with MEDICAL CENTER MEMORANDUM NO. 00-13
COMPREHENSIVE EMERGENCY MANAGEMENT PROGRAM**

URL Link: https://vaww.visn4.portal.va.gov/philadelphia/home/MCM/MCM_00_13.pdf

Equal Employment Opportunity (EEO)

It is the policy of the Department of Veterans Affairs (DVA) and this medical center to provide equal opportunity for all qualified persons: to prohibit discrimination in employment because of race, color, religion, sex (including sexual harassment), sexual orientation, national origin, age (age 40 and above), reprisal (for prior EEO activities), physical and/or mental handicap, protected genetic information, and status as a parent. To maintain a work environment free from any form of unlawful discrimination, including sexual harassment. To promote a positive, continuing affirmative program designed to eradicate barriers to employment and achieve a representative workforce. Staff, students, contracted employees, etc. is responsible for supporting the overall goals of the EEO program. In performance of their duties, all employees will ensure that equal respect, equal treatment and equal service are provided to all persons. If you have questions or concerns, Contact: Angela Myers, EEO Manager x5908; Cassandra Chisholm, EEO Program Assistant x4051.

SEXUAL HARASSMENT & THE DISCRIMINATION COMPLAINT PROCESS

OFFICE OF RESOLUTION MANAGEMENT (ORM) DISCRIMINATION COMPLAINT PROCEDURES

The Office of Resolution Management (ORM) provides Equal Employment Opportunity (EEO) complaint processing services within the Department of Veterans Affairs that included confidential counseling, mediation, investigation and procedural acceptability determinations. ORM ensures compliance relating to the implementation of final agency and appellate decisions. ORM issues final agency decisions on alleged breaches of EEO Settlement agreements. Under the leadership of the Deputy Assistant Secretary for Resolution Management, ORM accomplishes these responsibilities through the headquarters office and a national network of 12 field offices and 11 satellite offices.

An employee, former employee or applicant for employment may file a formal EEO complaint if he or she believes that discrimination occurred on the basis of race, color, religion, sex, national origin, age (over 40), disability, reprisal for prior EEO activities or sexual orientation.

PROCESSING STAGES

Informal Stage

An individual (aggrieved) who believes that he or she has been discriminated against must initiate contact with an EEO Counselor with 45 calendar days of the date of the matter alleged to be discriminatory, or in the case of a personnel action, within 45 calendar days of the effective date of action. The aggrieved may seek EEO Counseling by calling 1-888-737-3361, or the hearing impaired call 1-888-626-9008 – TDD.

An EEO Counselor will advise the aggrieved that he or she must elect to have their dispute(s) informally resolved through the agency's Alternative Dispute Resolution (ADR) procedure(s) where the agency agrees to offer ADR or pursue resolution through the EEO complaint processes.

Formal Complaint Stage

A formal complaint must be submitted in writing, preferably on VA Form 4939, signed by the complainant and submitted to the local ORM Field Office within 15 calendar days of receipt of the

Notice of Right to File a Discrimination Complaint. The ORM Field Office will determine if the complaint is acceptable for processing.

Investigative Stage

If a complaint is accepted for investigation, an EEO Investigator will be assigned to the case. The investigator is authorized to take statements from witnesses under oath and gather pertinent documents and records. The investigator will assemble the file and prepare a report, which summarizes the evidence gathered.

Advisement of Rights

When the investigation is completed, the complainant will be provided a copy of the investigative file and advised that within 30 calendar days of receipt of the investigative file, he or she has the right to request either a hearing before the Equal Employment Opportunity Commission (EEOC), or a Final Agency Decision (FAD), followed by a Final Agency Action (FAA) from the Office of Employment Discrimination Complaint Adjudication (OEDCA), or an immediate FAD from OEDCA.

PREVENTION OF SEXUAL HARASSMENT POLICY

- The Department of Veterans Affairs has zero tolerance for sexual harassment in the workplace.
- Sexual harassment is a form of sex discrimination that is a violation of Section 703 of Title VII of the Civil Rights Act of 1964.
- Sexual harassment is unacceptable employee conduct in the workplace and will not be tolerated. All employees have the right to work in an environment free from sexual harassment.
- Sexual harassment is an offensive abuse of power. It is not necessarily about sex. Both males and females can be victimized by sexual harassment.
- Prevention is the key to elimination of sexual harassment in the workplace.

DEFINITION OF SEXUAL HARASSMENT

Sexual harassment is unwelcome sexual advances, requests for sexual favors and the other verbal or physical conduct of a sexual nature when submission to such conduct is made either explicitly or implicitly as a term or condition of employment that unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

Sexual harassment is not limited to explicit demands for sexual favors. It also may include such action as:

- Sexually oriented verbal kidding, teasing or jokes
- Repeated sexual flirtations, advances or propositions
- Continued or repeated verbal abuse of a sexual nature
- Graphic or degrading comments about an individual or the individual's appearance
- Display of sexually suggestive objects or pictures
- Subtle pressure for sexual activity
- Physical contact such as patting, hugging, pinching or brushing against another's body.

FORMS OF SEXUAL HARASSMENT

Sexual harassment can take a variety of forms. Three distinct categories of such claims are recognized:

1. Quid Pro Quo

Quid Pro Quo sexual harassment involves a manager or supervisor, that is, someone with supervisory authority, who can carry out a threat or promise. Sexual harassment occurs when sexual favors are sought in return for job security, Benefits or opportunities. It can be in the form of a threat, such as “perform sexual favors or get fired” or “your job will become intolerable unless sexual favors are granted.” Even if a supervisor does not follow through with any action, the threats alone may constitute a hostile work environment. Sexual harassment may also include rewarding an employee in return for sexual favors, such as giving cash awards, higher ratings or promotions.

2. Hostile Work Environment

Sexual harassment occurs when sexual comments or conduct unreasonably interfere with an individual’s work performance or creates an intimidating, hostile or offensive work environment. A supervisor or co-worker may be responsible for this type of conduct or non-employee in certain circumstances. A hostile work environment is usually found where a general pattern of workplace behavior exists that is sexually oriented and severe or pervasive. It may also be established even if both males and females are subjected to the conduct, if the conduct affecting one gender is more egregious.

3. Sexual Favoritism

Sexual harassment occurs when a supervisor passes over otherwise qualified persons in order to convey employment opportunities or benefits to employees who submit to a supervisor’s sexual advances or requests for sexual favors. An example of sexual favoritism is a male working under a particular supervisor who notices that only females who socialize with and date his male supervisor get choice travel assignments. When he approaches his supervisor about getting better travel assignments, the supervisor responds that the male employee “doesn’t have the right kind of equipment” to warrant the choice assignments.

DEFINING SEXUAL HARASSMENT BEHAVIORS

Sexually oriented behavior has been found to include:

- Letters, telephone calls, magazines, pictures, and objects of a sexual nature or content.
- Deliberate touching, brushing, cornering, pinching or leaning over a person.
- Suggestive looks comments, gestures or whistles.
- Unwelcome pressure for dates or sexual favors
- Sexual jokes, teasing, remarks and questions.
- Pervasive behavior is that which is widespread, common or repeated
- Severe behavior is that which would be found to be objectionable to a “reasonable person” under similar circumstances.

Example of Sexual Harassment

- **Nonverbal**
 - Suggestive or insulting sounds
 - Leering or ogling
 - Whistling
 - Obscene gestures and obscene/graphic materials
- **Verbal**
 - Sexual Innuendoes and sexual remarks
 - Insults, threats and sexual propositions
 - Humor and jokes about sex or gender-specific traits
- **Physical:**
 - Touching others
 - Pinching
 - Touching oneself
 - Brushing the body
 - Cornering
 - Actual or attempted rape or assault

Definition of Terms

- **LEERING** – staring in general or at a particular part of the anatomy
- **OGLING** – looking up and down
- **OBSCENE GESTURES** – suggestive facial expressions or sexual gestures
- **NON-VERBAL HARASSMENT CAN INCLUDE** – Following a person, giving personal gifts or “hanging around” a person
- **CORNERING** – blocking a person’s path
- **TOUCHING** – touching a person’s clothing, hair or body, hugging, kissing, patting or stroking
- **BRUSHING** – standing close to or brushing up against a person
- **INSULTS** – telling lies or spreading rumors about a person’s sex life
- **SUGGESTIVE REMARKS** – conversations about sexual fantasies, preferences or history

SEXUAL HARASSMENT PREVENTION

Prevention is the best tool for eliminating sexual harassment. Managers and supervisors must watch for the potential for harassment and take all necessary steps to prevent harassment from occurring. However, if it does occur, supervisors and managers must ensure that the harassment is eliminated in a prompt and effective manner, minimizing the effects on the victim to the extent possible.

Management’s Responsibilities

- Inform all employees that sexual harassment is prohibited.
- Provide a mechanism for dealing with sexual harassment complaints
- Respond promptly to complaints of sexual harassment by conducting and/or asking for a thorough investigation.

Employee's Responsibilities and Conduct

- Clearly inform those engaging in inappropriate sexually oriented behavior that you find it objectionable, unwelcome and will not continue to tolerate it. Don't expect a supervisor or a co-worker to read your mind. Tell him/her how their conduct offends you.
- Seek assistance promptly if you are the target of or observe severe or repeated instances of behavior that you believe qualifies as sexual harassment.
- Document instances of alleged sexual harassment, date and time of the act, any persons present when the alleged incident occurred and a description of the action involved or the comments made.
- Title V, Code of Federal Regulations, Part 735, states that the maintenance of unusually high standards of honesty, integrity, impartiality, and conduct by government employees is essential to assure the proper performance of the government business and the maintenance of confidence by citizens in their government. The avoidance of misconduct on the part of government employees through informed judgment is indispensable to the maintenance of these standards. As a federal employee, you have a responsibility to avoid misconduct such as sexual harassment.
- Title 29, CFR Chapter XVI, Part 1604, Section II, Item C, states that an employer is responsible for its acts and those of its agents and supervisory employees with respect to sexual harassment, regardless of whether the employer knew or should have known their occurrence. Item D states that an employer may rebut apparent liability for such acts by showing it took immediate and appropriate corrective action.
- The "what if they were here?" principle holds that if you have any doubts that your own conduct may be considered offensive, ask yourself if you would act in this manner if a person with whom you have a personal relationship (for example, a spouse) were observing.
- Unchecked sexual harassment can have less identifiable consequences on others in the workplace. Harassment that is either ignored or denied by supervisors or management can erode overall morale and productivity, not to mention exposing the organization to possible litigation and embarrassing press.

Preventive Measures for Supervisors

- Routinely educate employees about what constitutes an unlawful harassment and distribute the Prevention of Sexual Harassment Healthcare System Policy, EEO-05.
- Post and discuss compliant procedures.
- Remind employee at staff meetings that sexual harassment in the workplace is prohibited.
- Ensure that employees have received the EEO mandatory training on the prevention of sexual harassment.
- Address behaviors that might lead to allegations of sexual harassment immediately.

Preventive Measures for Everyone

- Some executives have concluded that they cannot even compliment their secretary on their attire without risking a charge of sexual harassment. As a general rule the courts are not saying you cannot compliment a person, only that you need to be sure that the compliment will not offend that person or be misinterpreted by a third party who hears your conversation. If there is any hint that the person resents the compliment or any attention to her (or his) appearance, by all means choose your words carefully and/or take appropriate actions to include an apology, if necessary.
- The law was intended to protect individuals from sexual harassment, not as an option for solving every workplace dispute. The conduct must substantially affect the work environment

of a “reasonable person” to be considered harassment. Unless the conduct is severe, a single incident or remark does not generally create a hostile environment. However, a single touching may be sufficient if it is particularly egregious.

Warning Signs of Sexual Harassment

- The display of sexually oriented pictures, objects or written materials in office areas and on computers, both as search materials and screen savers.
- Frequent jokes or statements in the workplace of a sexual nature.
- Open use of sexual innuendo or pressure for dates.
- Routine occurrences of sexually oriented profanity.

Potential Victims of Sexual Harassment

- Your co-worker or supervisor asks you out on a date. Although you refuse, the co-worker or supervisor continues to ask.
- Your co-worker starts each day with a sexual remark or a dirty joke, your co-worker insists these are innocent comments but you find them objectionable.
- It seems that you cannot go in and out of the work area without being touched.
- When you come to work, your co-worker constantly eyes you up and down in a suggestive manner, which makes you feel very uncomfortable.
- Your manager or supervisor told you it would be good for your career if you went out with him or her.
- In the place where you work, there are nude pictures or partially dressed models displays, and these pictures offend you.
- Your co-worker gives you sexually suggestive looks or makes gestures of sexual nature.
- Your co-worker asks you to have sex with him or her. You refuse. You have now found out that your co-worker is spreading rumors and gossip about you.
- While at work, your co-worker frequently massages your shoulders, grabs your waist and places an arm around you.
- Your co-worker has made many attempts to kiss you on the lips or cheek. Although you have resisted, these advances, your co-worker has continued this conduct towards you.
- When you are at work, your co-worker and supervisor refer to you as ‘sweetheart, honey, baby or sweet thing.” Although you requested that they refer to you by your name, they ignored your request.
- It seems that your co-worker cannot walk near you without having to brush up against you.
- When you are at work, your co-worker asks you when you are going to spend some time with him/her and suggest that you need a drink after work to relax.

EFFECTS AND CONSEQUENCES OF SEXUAL HARASSMENT

- **On the victim:**
 - Mental anguish and stress
 - Uncomfortable working environment
 - Impact on productivity and efficiency
- **On the organization**
 - Loss of morale, productivity and efficiency
 - Increased absenteeism and turnover
 - Uncomfortable work environment
 - Adverse publicity

- **On the offender:**
 - Written counseling
 - Disciplinary/adverse action such as admonishment, reprimand, suspension or removal
 - Potential liability such as payment of civil suit damages and criminal prosecution (on a case-by-case basis)

HOW TO REPORT AN ALLEGATION OF SEXUAL HARASSMENT

- If the alleged harasser is your supervisor, tell the next higher manager.
- Report the incident to Angela Myers, EEO Manager, at 215-823-5908; or
- Call the Office of Resolution management (ORM) at 1-888-737-3361; or
- Report the incident immediately to your supervisor
- Report the incident to your local Federal Women's Program Manager.

Reasonable Person Standard

Trying to pinpoint what a hypothetical "reasonable person" would find objectionable is not a scientifically precise process. What it really amounts to is an effort to identify behavior that most people in the community would likely consider to be inside or outside the bounds of proper behavior under the same circumstances. The EEOC has emphasized that "the reasonable person standard should consider the victim's perspective and not stereotyped notions of acceptable behaviors." The reasonable person is one with the perspective of the victim. Thus, investigators should consider whether a reasonable person in the victim's circumstances would have found the alleged behavior to be hostile or abusive.

MYTHS AND REALITY

- **Myth:** Some people are under the mistaken impression that women in the workplace never harass men. **Reality:** In fact, about 21% of the harassment cases filed within the Department of Veterans Affairs involved women who are alleged to have harassed men.
- **Myth:** If you ignore sexual harassment it will go away. **Reality:** Some harassers regard a victim's attempt to ignore an incident as a sign of encouragement. In one survey, while 29% of victims said it "made things better" when they ignored sexual harassment, 61% said that telling a person to "stop" was more effective.
- **Myth:** Most sexual harassment involves a manager or supervisor harassing a subordinate employee. **Reality:** The majority of sexual harassment complaints are based on the behavior of co-workers.
- **Myth:** Sexual harassment exists primarily in the "eye of the beholder". Almost any work or deed, no matter how innocent, can be labeled sexual harassment. **Reality:** Both the courts and the EEOC have adopted the "reasonable person" standard for evaluating behavior. Sexual harassment complaints based on isolated incidents and actions or words that are unlikely to be found objectionable by a "reasonable person" are subject to dismissal.

DOES THIS INCIDENT INVOLVE SEXUAL HARASSMENT?

A representative of a hospital supply vendor routinely visits the Procurement Office. This "rep" considers himself a "ladies man" and always makes suggestive remarks to the two female clerks in the office. He addresses them as "sweetie" and "honey" and comments on their appearance with specific references to parts of their anatomy. At the end of each visit, he always asks the unmarried clerk for a date, and leaves her his personal phone number written on his business card.

The clerk repeatedly turns down his request for dates and tries to refuse the phone number, but the rep always forces the issue. Fearful of creating bad feelings, the clerk takes the business card, smiles politely and promises to “think about it.” This clerk is very uncomfortable with the man’s behavior and confides her feelings to the other clerk. The second clerk tells the supervisor that both women find the rep’s behavior objectionable. The supervisor responds “Yeah, he’s a real smooth talker, But he’s just trying to be friendly to his customers. Ignore him and he probably won’t bother you.” Shortly thereafter, the unmarried clerk contacts an EEO Counselor with a complaint of sexual harassment.

Is this sexual harassment? If your answer is **YES**, you have answered correctly. The vendor’s behavior is deliberate, repeated, and unsolicited. The vendor verbally harassed the unmarried clerk with terms of endearment and suggestive comments. He continues to ask her out, even though she has turned him down repeatedly.

ALTERNATIVE DISPUTE RESOLUTION MEDIATION PROGRAM

WHAT IS THE ALTERNATIVE DISPUTE RESOLUTION MEDIATION PROGRAM?

Alternative Dispute Resolution (ADR) provides an arena where employees thoroughly examine all matters related to workplace disputes. The ADR program is available to all employees at Philadelphia VA Medical Center.

The ADR program was created to actively support local mediation as an alternative forum for the resolution of work-related disputes. Using mediation to resolve differences demonstrates a commitment to a positive approach and joint ownership of concerns and solutions and it can be used any time all parties to a dispute are willing to use it.

Mediation is a process that helps you to find satisfying solutions to your problems. In mediation, a neutral person who is not associated with either side facilitates communication between the parties. By exploring ways to resolve the differences, you may be able to reach an agreement that best addresses the parties' interest.

WHAT IS MEDIATION?

- Mediation is used as a problem-solving process.
- Mediation is an informal way parties can resolve workplace disputes.
- Mediation promotes principles and practices that will facilitate communication and working relationships.
- Mediation is a totally voluntary process and can only be pursued if all parties want to participate in the process.
- Mediation involves the parties themselves deciding what is important and who makes decisions based on those factors.
- Mediation, unlike arbitration or court proceedings, does not focus on who is right or wrong. It allows the parties to create their own solutions and examine unique solutions to a problem instead of taking the problem to a judge, arbitrator, or other outside decision maker.
- Mediation is a process where a neutral third person, a mediator, acts to encourage and facilitate the resolution of a dispute between two or more parties.

WHAT IS THE ROLE OF THE MEDIATOR?

- The mediator will not decide who is right or wrong. However, the mediator will assist employees in talking about the problem and will help everyone decide how to resolve the problem.
- The mediator assists the parties to or to tell the parties what they should or should not do.
- The mediator helps the parties become the decision-makers by understanding and listening and working together to create options and solutions that meet their concerns. The mediator helps parties' communicate with each other to explore ways to resolve their differences and reach an agreement that is realistic and mutually satisfactory.

WHEN CAN I USE MEDIATION?

- When an employee files an EEO complaint with the Office of Resolution Management (ORM), the employee will be offered the ADR mediation process. The ADR mediation program can be used to resolve a variety of differences, including grievances, discrimination complaints and employee –employee disputes, supervisor-employee disputes, patient complaints, service-service disputes and any other workplace differences.

- When traditional legal remedies will not solve the problem.
- When parties need to solve a problem and maintain a relationship.
- When privacy is important to one or both parties.

HOW DO I BEGIN THE ADR PROCESS?

The mediation process is initiated by contacting the Mediation Program Coordinator who can discuss your options with you and provide additional information on the process. An agreement must be signed by both parties in order to participate in the ADR mediation process. The Mediation Program Coordinator will also work with you and the other party or parties to make sure both sides agree that mediation is the way to go.

HOW DOES MEDIATION WORK?

The six steps that are necessary components of mediation efforts are as follows:

- Establish ground rules that define how the parties and process will operate during mediation.
- Identify the issues so there is a mutual understanding about what the problem is and why it is a problem.
- Identify the interests, concerns, and/or limitations of all parties to the dispute. If there is more than one issue in the dispute, the parties should decide the order in which to address them.
- Generate possible solutions to the problem(s).
- Evaluate the potential solutions to identify alternatives that are practical, mutually acceptable and in line with the parties' interest.
- Prepare a written agreement to resolve the issues in the dispute.

ARE MEDIATION SESSIONS CONFIDENTIAL?

Yes! The mediation sessions and all materials disclosed during mediation are confidential. Both parties must agree to confidentiality of the parties and the mediation process.

Mediators will not testify or produce records, notes or work products in any future proceedings and no recordings or records will be made of the meeting.

BENEFITS OF MEDIATION

- Mediation is an opportunity to develop unique solutions that are acceptable to both parties.
- Mediation is a confidential process. The mediator must keep all information confidential.
- Mediation is fast. Prompt resolution of a dispute frees participants to resume other activities more quickly.
- Participants retain their rights to pursue other alternatives.

ADR RESOLUTIONS

Resolutions are designed by the individuals involved in the disagreement rather than by an outside person. An agreed-upon resolution between the parties is the primary goal. Mediation is often considered successful if a better understanding or a better relationship between the participants is achieved.

FOR MORE INFORMATION:

Contact: Angela Myers, EEO Manager x 5908; Cassandra Chisholm, EEO Program Assistant x 4051

Diversity In The Workplace

“Those human qualities that is different from our own and outside the groups to which we belong, yet present in others.” Diversity is the valuing of the differences and similarities within each employee. It is about awareness and appreciation of those qualities that make us different. Diversity values the term inclusion. As such, diversity is as much about feelings of being wanted, needed, and appreciated as anything else. Each employee should feel their importance within the organization. That his/her ideas and input into the overall direction of their particular organization, section, or production line is needed, solicited, and valued.

WHAT MAKES EACH PERSON UNIQUE?

Many factors make each of us an individual:

- Appearance (gender, body size, skin color, hairstyle, clothing, etc.)
- Age
- Ethnicity, culture (customs, traditions, language, etc.) and family life (values, family size, etc.)
- Religious, spiritual and philosophical beliefs
- Income or social status
- Sexual preferences
- Physical and mental abilities
- Life experiences
- Education

PEOPLE DIFFER IN MANY WAYS

For example, cultural background (including ethnicity) can influence the way people communicate through:

- Body language
- Listening
- Speaking
- Expressing opinions
- Working style

DIVERSITY CHALLENGES

- Getting used to differences
- Coordinating work styles
- Learning to communicate
- Developing flexibility
- Adapting to change
- Understanding disabilities

CELEBRATE DIVERSITY

Diversity is as natural as the air we breathe. It can add value in our personal and professional lives. It adds dimensions to our work teams, improves decision-making and increases employee morale, acceptance and productivity. Advancing diversity requires both a corporate and individual effort. Diversity has a positive influence on the organization and our customers. Continuously, we need to celebrate the diversity among us. Take pride in your own uniqueness and welcome others as individuals with special qualities. Enjoy your similarities and your differences.

NO FEAR ACT

NO FEAR ACT NOTICE

Congress enacted the Notification and Federal employee Anti-discrimination and Retaliation Act of 2002 on May 15, 2002. This act requires VA to comply with anti-discrimination and whistleblower protection laws. Congress found that federal agencies cannot operate effectively if those agencies practice or tolerate discrimination.

The act requires VA to provide this notice to all employees, former employees and applicants for VA employment to inform them of rights and protections available under federal anti-discrimination, whistleblower protection and retaliation laws.

ANTI-DISCRIMINATION LAWS

VA does not discriminate against employees or applicants with respect to the terms, conditions, or privileges of employment on the basis of race, color, religion, sex, national origin, age, disability, marital status or political affiliation. Discrimination on these bases is prohibited by several statutes.

If you believe that you have been the victim of unlawful discrimination on the basis of race, color, religion, sex, national origin, or disability, you must contact an ORM (Office of Resolution Management) Equal Employment Opportunity (EEO) counselor at 1-866-RES-EEO1, TDD 1-888-626-9008, within 45 calendar days of the alleged discriminatory action or, in the case of a personnel action, within 45 days of the effective date of the action.

If you allege discrimination based on marital status or political affiliation, you may file a written complaint with the U.S. Office of Special Counsel (OSC). As an alternative you may pursue a grievance through VA's administrative or negotiated grievance procedures.

If you believe that you have been the victim of unlawful discrimination on the basis of age, you must either contact an EEO Counselor as noted above or give notice of intent to sue to the Equal Employment Opportunity Commission (EEOC) within 180 days of the alleged discriminatory action.

WHISTLEBLOWER PROTECTION LAWS

A VA manager or supervisor with authority to take, direct others to take, recommend or approve any personnel action must not misuse that authority to take, or fail to take, or threaten to take, or fail to take, a personnel action against an employee or applicant because of disclosure of information by that individual that is reasonably believed to be evidence of violations of law, rule, or regulation; gross mismanagement, gross waste of funds, an abuse of authority or a substantial and specific danger to public health or safety. The only exception is disclosure of such information specifically prohibited by law and such information specifically prohibited by law and such information specifically required by Executive Order to be kept secret in the interest of national defense or the conduct of foreign affairs.

Retaliation against an employee or applicant for making a protected disclosure is prohibited by 5 U.S.C. 2302(b) (8). If you believe that you have been the victim of whistleblower retaliation, you may report it to the VA OIG (Office of Inspector General) hotline number at 1-800-488-8244, or you may file a written complaint (Form OSC-11) with the U.S. Office of special counsel at 1730 M Street NW, Suite 218, Washington, DC 20036-4505, or online through the OSC website, www.osc.gov.

RETALIATION FOR ENGAGING IN PROTECTED ACTIVITY

VA cannot retaliate against an employee or applicant because the individual exercises his or her rights under any of the federal anti-discrimination or whistleblower protection laws listed above.

If you believe you are a victim of retaliation for engaging in protected activity, you must follow, as appropriate, the procedures described in the anti-discrimination and whistleblower protection laws, or, if applicable, the administrative or negotiated grievance procedures in order to pursue a legal remedy.

DISCIPLINARY ACTIONS

Under existing laws, VA retains the right, where appropriate to discipline a manager or supervisor who has engaged in discriminatory or retaliatory conduct, up to and including removal. If OCS has initiated an investigation under 5 U.S.C., however, agencies must seek approval from Special Counsel to discipline employees for among other activities, engaging in prohibited retaliation.

Nothing in the NO FEAR Act alters existing laws or permits VA to take unfounded disciplinary action against a federal employee or to violate the procedural rights of a federal employee who has been accused of discrimination.

ADDITIONAL INFORMATION

For further information regarding the NO FEAR Act regulations, refer to links on the site 5 CFR 724, as well as the appropriate offices within your agency, such as the EEO Manager, Human Resources Management Service or the Office of Resolution Management.

Additional information regarding whistleblower protection can be found at the following websites:

EEOC Web site – www.eeoc.gov

OSC Web site – www.osc.gov

EXISTING RIGHTS UNCHANGED

Pursuant to section 205 of the NO FEAR Act, neither the act nor the notice creates, expands or educes any rights otherwise available to any employee, former employee or applicant for employment under the laws of the United States.

Workplace Violence Awareness & Prevention

The Philadelphia VA Medical Center complies with and whole heartedly supports the language and spirit of the laws, as they relate to safety & health of patients, visitors and employees. The medical center affirms its policy that employees should work in environments that are free from physical attack, threats and menacing behavior (same).

Definition: As stated in the VA policy (MCM 07B-4), violence is defined as unwanted verbal/physical contact, threats or harassment and may include:

- a. Physical attack: is unwanted or physical contact (i.e., hitting, pushing, shoving, fighting or throwing of objects).
- b. Threat: is the expression of present intent to cause physical or mental harm. An expression constitutes a threat without regard to whether the party has the ability to do harm, and without regard to whether the expression is contingent, conditional or future.
- c. Harassment: is behavior or communication designed or intended to intimidate, menace or frighten the other person.
- d. Property damage: is behavior or acts that contribute to the destruction or damage of government property.

THE FACTS

- One in every six violent crimes currently committed in the United States happens at work.
- Each year, nearly two million people are victims of violent crimes which are mostly aggravated assaults while on the job.
- According to the National Institute for Occupational Safety and Health, each week an average of 20 people are killed and 18,000 people are assaulted while working or on duty.
- Homicide is the number 1 cause of death of women in the workplace and the second leading cause of death of men in the workplace.
- Workplace homicides have increased tenfold over the last decade, with murders accounting for 17 percent of all workplace deaths.

Warning Signs and Triggers of Workplace Violence: Although work situations vary and each is unique, there are warning signs that are commonly exhibited by individuals in need of assistance. If you have uncomfortable feelings about a co-worker or observe these warning signs—do not ignore your concern.

Contact your supervisor or someone in authority. Warning signs of violence are apparent in 2/3 of cases reported.

- a. Decreased productivity and inconsistent work patterns.
- b. Excessive lateness, tardiness, absences (consistently leaving work area without authorization, excuses for leaving work, should set off an alarm), if this different than employees' prior behavior.
- c. Depression and social withdrawal
- d. Difficulty relating to co-workers
- e. Threats of verbal abuse to co-workers
- f. Challenges to authority: resistance and overreaction to change in procedures
- g. Preoccupation with firearms
- h. Explosive outbursts of anger, rage that are unprovoked.
- i. Drug and alcohol problems

Workplace violence is more likely to occur during “employment junctures” than other times. These are situations in which there are major changes in the employees’ status or perceived status that will be looked on as negative. The most common types are.....

- Disciplinary actions
- Involuntary job reassignment or transfer, layoff, or termination
- Workplace deterioration, such as more assigned duties or uncertain job security

Employee Response- Prevention and Action to Workplace Violence

There are often signs/ warnings of potential violent disruptive behavior. If a violent episode cannot be prevented it is best to intervene at the earliest level of stress. The following are actions employees can do to help in early intervention.

- a. Wear (and have visible) your VA ID badge.
- b. Assessment of work environment (mindful of factors that contribute to violence; poor lighting, overcrowded wait areas, potential weapons, etc.).
- c. Report of unsafe areas....
- d. Assess patients for potential violence; alert colleagues (re; patients with known history of violence),
- e. Reporting and documentation of all workplace violent episodes.
- f. Staff Training: attend trainings for workplace violence prevention, strategies for de-escalation techniques, knowledge of operating systems(police contact, panic buttons)
- g. If witness....uncontrolled or violent behavior situation, Call contact VA Police (ext. 6225, 911)
- h. Review all MCM, hospital procedures regarding Facility preparedness, violent episodes

SOURCES:

MEDICAL CENTER MEMORANDUM NO: 07B – 4 MARCH 2012

TMS – Training Classes

Course #: VA 2901966 Prevention of Workplace Violence for Clinical Staff

Course #: NFED 3857844 – Bullying & Violence in the Workplace

Equipment Management

Policy

- MCM 138-23 “Medical Equipment Management Program”
 - Establishes overall program outline and identifies all equipment management-related policies

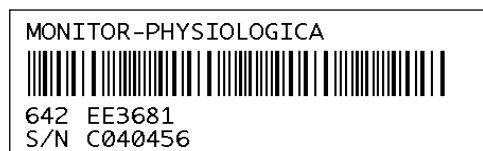
General Responsibilities

- Medical Center:
 - Meet or exceed regulatory requirements
- Supervisors
 - Provide training to staff regarding their role in the Equipment Management Program
 - Ensure proper operational training is provided
 - Monitor compliance with Equipment Management Policies
- All Staff
 - Comply with Equipment Management Policies
 - Use equipment in a safe and appropriate manner

Equipment Management Program Components

- Purchase Specification
- Inventory Control
- Acceptance Testing
- Performance Assurance Inspections
- Training/Education
- Maintenance and Repair
- Failure / Risk / Cost Analysis
- Condition Review for Excess
- Purchase Specification

Equipment Inventory Control: Equipment Barcode Labels



- ←Type of Equipment
- ←Barcode
- ←Station Number + EE + Equipment ID
- ← Manufacturers Serial Number

Inventory Number generated by each VAMC because no other unique number exists
Serial numbers may be duplicated across manufacturers

Equipment Inventory Control Employee-Owned Equipment

- Allowable under “special circumstances”
- Hospital cannot provide equipment
- Supervisor Approval
- Meets acceptance criteria for good condition
- Not a restricted device
 - Televisions, Portable comfort heaters, Hot plates, Power strips/extension cords
 - Item reported to Asset Management
- Report employee-owned devices to Asset Management using VA Form 90-2235

User Training/Education

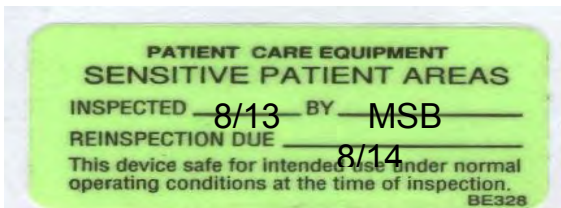
- Departments coordinate with Education for training and **competency verification** for common-use medical equipment (e.g., physiological monitoring, infusion pumps, etc.)
- Departments are responsible to coordinate or provide and document user **formal orientation/training** for new medical equipment.

Preventive Maintenance (PM) Inspections

- Biomedical Engineering performs preventive maintenance (PM) for most medical equipment (based on criticality). Criticality determined by ratings under 3 major categories:
 - Function
 - Maintenance Requirements
 - Risk of Use

Preventive Maintenance (PM) Inspections

- PM Risk Score over 12 or Maintenance Required score of 4 places device into PM Program
- Equipment categories with PM Risk Score below 12 are serviced when needed
- Stickers with Re-inspection Due Dates are used to alert users that PM is required
 - Devices are still safe for use, but should be tested as soon as possible



Equipment Maintenance & Repair User Responsibilities

- Using equipment in a safe and appropriate manner
- Performing manufacturer-recommended user maintenance/cleaning for equipment
- Replacing consumable/disposable items used with equipment
- Conducting visual inspection of equipment prior to use (e.g., verify current inspection sticker, check for damage to cord/case, etc.)
- Removing faulty medical or electrical equipment from use and tagging "Do Not Use"
- Submitting Electronic Work Requests via VistA in a timely manner or reporting problem to your Supervisor

Safe Medical Devices Act (SMDA)

- Law Requiring Reporting to Manufacturer and / or FDA
- If Equipment malfunction or failure may have contributed to: . . .
 - Death, Serious Injury, or Serious Illness
- JCAHO Requirement
- Staff Knowledge Indicator
- Ad Hoc SMDA Committee makes ultimate determination of what to report – COS Chairs
- You may participate as Subject Matter Expert
- Refer to MCM 11-58 VAMC Philadelphia

Safe Medical Devices Act (SMDA) Your Responsibilities

- Treat Patient
- Remove Device From Service
- Tag/Sequester Device "Do Not Use"
- Save All Disposables/Reusable - Tubes, Wires, Connectors, Packaging
- Record Device Settings – Do Not Change
- Notify Supervisor (Biomed/Risk Mgmt)
- Initiate Patient or Employee accident Report

Equipment Turn-In Process

- All equipment turn-ins are coordinated by Asset Management and must be disposed of in appropriate manner per VA Directives/Handbooks
- Equipment must not be discarded in Trash
- 2237 Turn-In Request must be prepared & signed by EIL Official
- Warehouse will pick up equipment only after signed 2237 Turn-In Request is submitted to Asset Management
- Equipment will be removed from the EIL only after equipment is physically turned in
- Turn-In equipment remains government property
 - should not be retained for continued use
 - cannot be used for personal purposes even if it's "scrap"

Special Considerations: Cell Phones and Wireless Radios

- MCM 138-32
- Cellular telephones, two-way radios, two-way pagers, wireless modems, and other wireless communication devices
- Restricts use / Doesn't prohibit use
- Restricted in areas with high density of medical equipment (examples: OR, ICUs, ED, Radiology)
- Restricted within 6 feet of medical equipment regardless of location; includes outdoor courtyards
- Persons in violation of this policy can be issued a United States District Court Violation Notice

Special Considerations: Electrical Safety in Healthcare

The skin provides protection from harmful electricity getting inside the body. In hospitals we do things that break the integrity of the skin

- Abrasions
- Incisions
- Burns
- IVs
- Electrodes

Special Considerations: Electrical Safety in Healthcare: Shock Hazards

- Electrical Leakage - Current Flowing Through Equipment Ground
- Static - Build Up of Energy

Special Considerations: Electrical Safety in Healthcare: Prevention

- Leakage: Body Language
 - Don't Create a Pathway for Electricity to Flow
- Static: Discharge Yourself
 - Metal Faceplates on Switches and Receptacles
 - Metal Door Frames
 - Also Important to Prevent Damage to Equipment

In Conclusion... If you have Questions?? Please call:

- Biomedical Engineering – x5829
- Asset Management Section – x4601

Infection Control Basics

Darren Linkin, MD, MSCE 215-823-5800, x 2561

PVAMC Hospital Epidemiologist; Director, Infection Control Committee

Objectives:

- ☞ Hand hygiene
- ☞ OSHA Bloodborne Pathogens Standard
- ☞ Isolation Precautions
- ☞ Respirators and Fit Testing
- ☞ Influenza (flu) vaccination
- ☞ Reusable Medical Equipment

Hand Hygiene

- ☞ Single most important infection control intervention you can do!
- ☞ Alcohol hand rub is almost always BETTER than hand washing
 - ☞ Kills more pathogens on hands
 - ☞ Less (no) dry skin
 - ☞ Takes less time

Hand Hygiene “Rules” #1

- ☞ Alcohol hand rub (preferred)
 - ☞ On every patient room/area ENTRY/EXIT...JUST DO IT!
 - ☞ Before and after contact with patients or equipment
 - ☞ Before putting on and after taking off gloves
 - ☞ When moving from a dirty to clean body site
- ☞ Wash hands with antimicrobial soap
 - ☞ When hands are visibly soiled
 - ☞ Before eating or after using the bathroom
 - ☞ After contact or exit from a patient/room with diarrhea or vomiting illness (e.g., norovirus, C. difficile diarrhea)

Hand Hygiene “Rules” #2

- ☞ Only natural nails < 1/4” beyond fingertip
- ☞ Unchipped nail polish permitted
- ☞ Ongoing hand hygiene checks occur throughout inpatient and outpatient areas
- ☞ Encourage each other to make hand hygiene a priority at your work location

Bloodborne Pathogen Standard

- ☞ OSHA: Requires annual Education
 - ☞ Bloodborne Diseases
 - ☞ Engineering Controls
 - ☞ Work Practice Controls
 - ☞ Personal Protective Equipment
 - ☞ Hepatitis B Vaccine and Recordkeeping

Bloodborne Diseases

- ⌘ Common diseases that can be transmitted by blood or other body fluids
 - ⌘ HIV
 - ⌘ Hepatitis B
 - ⌘ Hepatitis C

Engineering Controls

- ⌘ The facility is required to use engineering controls to help prevent exposure to blood borne pathogens, such as :
 - ⌘ Sharps containers readily available to dispose of sharps and needles/syringes
 - ⌘ Safety needles and other sharps whenever such devices exists

Work Practice Controls

Employees are to use all engineering controls and personal protective equipment provided by the facility

Personal Protective Equipment (PPE's)

- ⌘ Gloves
- ⌘ Gowns
- ⌘ Eye Protection (Goggles/ Eye Shields)
- ⌘ Masks (Surgical mask, N-95 Respirator, or PAPR)

Hepatitis B Vaccine and Recordkeeping

- ⌘ Offered within ten days of employment
- ⌘ You can refuse
 - ⌘ Must sign a declination statement
 - ⌘ You can always change your mind in the future
- ⌘ Records are kept at least 30 years after employment ends

Occupational Health Exposure

- ⌘ What if you have a sharps or splash exposure?
 - ⌘ M-F 8AM-3PM
 - ⌘ Tell your supervisor, then
 - ⌘ ...GO TO OCCUPATIONAL HEALTH (OH)!
 - ⌘ After hours, weekends, holidays, or if OH not available
 - ⌘ GO TO EMERGENCY ROOM
 - ⌘ Do not wait...go immediately

Standard Precautions

- ⌘ Treat ALL patients as if they have a hazardous germ (e.g., MRSA, HIV)
- ⌘ HAND HYGIENE!
- ⌘ If splashes possible, use personal protective equipment (PPE)
 - ⌘ Gloves
 - ⌘ Gown
 - ⌘ Mask, eye protection, face shield

Isolation Precautions

- ⌘ Prevent healthcare workers from spreading germs from patient-to-patient
- ⌘ Prevent healthcare workers from getting the infection

Contact Precautions

- ⌘ Example: methicillin-resistant Staph aureus (MRSA) infection
- ⌘ Private room or cohort
- ⌘ Gown + gloves
- ⌘ Hand hygiene

Enhanced Barrier Precautions: Community Living Center (CLC)

- ⌘ MRSA colonization*
 - ⌘ *Germ living on us, not causing infection
 - ⌘ Gown/gloves when handling patient/ environment in patient's room, and hand hygiene

Special Contact Precautions: (Med Center and CLC)

- ⌘ Example: C. difficile diarrhea
- ⌘ Gown + gloves
- ⌘ Hand washing on room exit (alcohol OK on entry)
- ⌘ Room cleaned with bleach solution

Droplet Precautions

- ⌘ Example: Influenza
- ⌘ Private room or cohort
- ⌘ Surgical Mask
- ⌘ Hand hygiene

Airborne Precautions (Medical Center only!)

- ⌘ Example: Tuberculosis (TB)
- ⌘ Private room with negative pressure
 - ⌘ CLC: surg mask on pt, close door, move to Med Ctr
- ⌘ N95 respirator (or PAPR if can't fit test N95)

Respirators and Fit Testing

- ⌘ Never enter an airborne isolation room without a fit tested N95 or a PAPR
 - ⌘ Advise visitors not to enter, or use non-fit-tested N95s at their own risk!
- ⌘ Fit testing is to a specific N95 model/size
 - ⌘ REQUIRED YEARLY BY LAW
- ⌘ If fit testing 'failed,' the N95 won't work
 - ⌘ Then you will need yearly PAPR training

Influenza

- ⌘ A large cause of winter respiratory infections and mortality
- ⌘ Passed by touch and respiratory droplets
- ⌘ Admitted patients and employees with fever and any respiratory symptoms (e.g., cough, sore throat) should be tested
- ⌘ Cough etiquette is very important because we NEED to limit the spreading of the germs from the coughs
 - ⌘ Cover cough with arm/tissue, hand hygiene

Patient Influenza Vaccination

- ⌘ “Universal vaccination” (6 months of age and older!) now recommend in the US
 - ⌘ Flu vax reminder in CPRS for all patients
- ⌘ Don’t miss a patient vaccination opportunity!
 - ⌘ Every/any medical appointment
 - ⌘ On discharge...some don’t come back!

Influenza Vaccination and You

- ⌘ Why?
 - ⌘ Protect patients
 - ⌘ Protect yourself and your family
 - ⌘ Protect the hospital from staff outbreaks
- ⌘ Myth busters
 - ⌘ The flu shot has no live virus...it cannot give you the flu
 - ⌘ You can give the flu to patients even if you have minimal or no flu symptoms

What to do if you are sick

- ⌘ Stay home if you have:
 - ⌘ Chills/fever or body aches
 - ⌘ Uncontrolled coughing/runny nose
 - ⌘ Diarrhea or vomiting
 - ⌘ Uncoverable draining/open wound
- ⌘ Wear a surgical mask when you are interacting with patients/staff if you have:
 - ⌘ Occasional cough or runny nose
 - ⌘ Sore throat

Reusable Medical Equipment

- RME: “*any medical equipment designed by the manufacturer to be reused for multiple patients*”
- VA directive: we must have a standard and systematic process for using, cleaning, disinfecting, and storing RME
 - Identify RME in your work area
 - Help make written procedures/training

Infection Control Resources

- ⌘ Infection Preventionists
 - ⌘ Sharon “Brie” Alexander (Med Ctr), x2916
 - ⌘ Ed Lyons (CLC) x2137, p 215-894-0806
 - ⌘ Brenda Foster (MDRO), x6895, p 215-265-2715
- ⌘ Hospital Epidemiologist
 - ⌘ Darren Linkin, x2561, cell/text 215-668-5828
- ⌘ PVAMC intranet homepage -> Departments -> Infection Control (resources/info!)

Women's Veterans Health Center

Philadelphia VA Medical Center offers a variety of health services to address the unique needs of Women's Veterans. The women Veterans Health Center focuses on wellness education, preventive health treatment, disease management, and the emotional well-being of women Veterans. Our goal is to offer women patients quality healthcare in a concerned, compassionate, and comprehensive manner throughout their life span.

Women's Health Contact Information:

Women's Health is located on the 7th floor. Take the North Elevators. Main phone Number: 215-823-4496; Women Veterans Program Manager: 215-823-5915; Nurse Phone: 215-823-4773

The Women Veterans Health Center

The Philadelphia VA Medical Center women's Health Clinic Offers a full range of preventive care and treatment services for women of all ages. Patients are assigned to a physician in the Women's Clinic, who can provide a comprehensive history and physical examination on the initial visit, and then ongoing care, including gender-specific women's exams.

The community-based outpatient clinics also provide primary care and specialty services to Women Veterans. VA outpatient clinics are located in Ft. Dix, Gloucester County, and Camden, NJ, as well as Horsham, PA (Victor J. Saracini Community based Outpatient Clinic).

Healthcare for Women Veterans is available for both inpatients and outpatients. If the patient's condition changes and a hospital admission is needed, women may be admitted to medical, surgical, or mental health, inpatient services to receive their hospital care. Additional, Women Veterans who need long term care or home health services may access them through their VA physician's referral to Geriatrics & Extended Care Service.

Exams & Services:

- History and physical, including pelvic exam & breast exam
- Menopause treatment, including hormonal therapy, if appropriate
- Family planning and contraceptive care
- Infertility evaluation and referrals
- Maternity care referrals
- Assessment for heart disease, high blood pressure and stroke risk
- Tobacco use cessation counseling
- Sexual trauma referrals
- Flu and other vaccines
- Social Work referrals
- Medication therapy education
- Referrals for other services as needed

Screening for:

- High blood pressure
- Breast cancer or fibrocystic disease – Mammograms
- Cervical cancer – Pap test
- Colorectal cancer
- Osteoporosis
- High cholesterol
- Sexually transmitted diseases
- Diabetes
- Nutrition and dietary needs
- Psychosocial issues that impact your health

Women's Specialty Services at Philadelphia VA Medical Center

The Gynecology Clinic provides special services including minor surgical procedures for treatment of women's reproductive disorders. Our urology department coordinates with women's health to provide treatment for urologic conditions specific to women. Gynecologic oncology for treatment of cancers of the female reproductive organs is provided by referral.

Breast care Clinic has been established for evaluation and treatment of breast diseases or abnormalities detected through breast examination or mammography. Mental Health Services are available for treatment of many conditions, including depression and anxiety. An individual comprehensive treatment plan is developed with the patient. Referrals are made as needed for specific issues, including military sexual trauma, eating disorders, substance use and post-traumatic stress disorder.

We invite Women Veterans to take advantage of our special programs. Your active and vocal participation in the health care process is important to our success. We value the opinion of Veterans and want to listen and respond to your health care concerns.

How to Access These Services

All Women Veterans who have received an honorable discharge (or general discharge under Honorable conditions) from the military are eligible to apply for healthcare services. An eligibility specialist will process the request and the patient will be notified if she has met eligibility criteria. Eligible women patients are assigned to a primary care team. A co-payment may be assessed for treatment of non-service connected conditions. The fee is determined by the patient's income and entitlement.

If you are NOT already enrolled for VA Medical Benefits at Philadelphia VA Medical Center, contact the Eligibility Unit for assistance. If you want to know more about Women Veterans health care, please contact the Women Veterans Program Manager at 215-823-5915; Lori Maas, LCSW.

VA New Employee Orientation – Women Veterans Self-Test – Take a Quick Quiz..

1. What do you think when you see a woman at the VA?

- (a) She works there (b) She is with her husband (c) She is a Veteran

2. Whose job is it to take care of women Veterans?

- (a) Everyone's (b) Female Doctors (c) Female Nurses'

3. What's one of the most dangerous jobs in the military?

- (a) Artillery Officer (b) Military Transport Driver (c) Military Police

4. What's one of the most common jobs for the women in the military?

- (a) Supply Clerk (b) Nurse (c) Military Transport Driver

Frequently ASKED QUESTIONS

Why do we need Orientation training about Women Veterans when there are SO FEW HERE?

VA has historically treated primarily men. The number of women using VHA has doubled in the last decade. Given the rising number of women Veterans and women in the military, the VA must be ready to provide the care they need and deserve.

Are there any difference with their needs?*

YES. There are obvious differences between men and women, like reproductive health and having the same condition but presenting different symptoms, like a heart attack. There are not-so-obvious differences as well: women may have child-care and elder-care responsibilities that men may not have. You may see children in the waiting room and strollers in the hall. Sometimes women may have trouble making appointments because of other demands so they need flexibility. You can do your part by understanding what is needed and providing the best service.

How does VA ensure privacy, safety, and security for women?

Privacy, safety, and security issues are important to both men, and women. If we make changes and improvements for women because they are the minority population, the situation improves for everyone. It's a win-win.

What can VA offer women?

VA offers a full array of health care services for women, including preventive health care, and primary care service, general and gender-specific care), specialty care (screenings, reproductive health, rehabilitation), telephone care, and program for special populations, like homeless Veterans and domestic abuse victims.

In fact, a lot of new Women Patients are coming to the VA for maternity care. Visit:

www.womenshealth.va.gov to learn more.

What should you do if a women Veteran needs help?

Contact your Women Veteran Program Manager @ 215-823-5915; Lori Maas

NOTE: Answers to Quiz: C, A, B, C

Integrated Ethics (Improving Ethics Quality in Health Care)

- A comprehensive, unified approach to promoting ethical practices in health care
- A national education and organizational change in initiative in the Veterans Health Administration (2007- Present).
- The VA uses this program to take a comprehensive approach to tackling ethics in health care. Integrated Ethics recognizes that ethics problems are everywhere in the institution—at the nurses' station, in the accounting department and the formulary committee—and that an effective response to these problems has to be an integrated part of the institutional culture and environment. When everyone shares this responsibility it ultimately works to improve the quality of care for our Veterans.

What is Ethics?

- Ethics is the discipline that considers what is right or what should be done in the face of uncertainty or conflict about values.
- Ethics involves making reflective judgments about the optimal decision or action among ethically justifiable options.

Integrated Ethics Models

- Decisions and actions
- Systems and processes
- Environments and Cultures
- This image of an iceberg conveys the multi-layered concept of Integrated Ethics. Only about 10% of an iceberg is actually visible above the waterline. The greatest part of its mass is hidden below the ocean surface.
- Ethics quality in health care can be described in much the same way: Some ethical practices are readily visible; others become apparent only when we make an effort to see them. But what is usually unseen is often the most important determinant of ethical practice overall.

Three Core Functions

Ethics Consultation

- Responding to ethics questions in Health care

Preventive Ethics

- Addressing ethics quality gaps on a systems level

Ethical Leadership

- Fostering an ethical environment and culture

How to Reach US...

- Ethics Consultation: Ariel Drobnes, x 3836

PATIENT ABUSE POLICY

It is the policy of the Department of Veterans Affairs and this Medical Center that under no circumstances will the physical abuse verbal abuse, or mistreatment of a patient be tolerated. An inquiry or investigation will be conducted in all instances of alleged abuse or mistreatment of any kind and, where indicated, appropriate disciplinary action will be taken. Any staff or volunteer whom witnesses unkindness, rudeness, or violence of any type toward a patient must report it promptly. Failure to do so could result in disciplinary action.

SOURCES:

**MEDICAL CENTER MEMORANDUM NO. 00-39
PATIENT ABUSE**

https://vaww.visn4.portal.va.gov/philadelphia/home/MCM/MCM_00_39.pdf

PRIVACY: Protecting Patient Privacy: Keeping the Lock on Confidential Information

Brandy Perkins, MBA, MHA, CPCO

Privacy & FOIA Officer

Defining Privacy and Security

- Privacy is the policy goal that seeks to **establish access controls for individuals with respect to their personal information.**
- Security encompasses the **methods for protecting the information** and ensures that privacy policies are carried out through a **combination of technological and administrative means and legal deterrence.**
- Privacy represents “what” must be protected while security represents “how” privacy and other information must be protected.

Overview

- VA has a strong legacy in protecting the privacy and security of veterans’ and employees’ personal information.
- In an effort to oversee multiple efforts in VA to protect privacy, the VA Privacy Service was established. The VHA Privacy Office operates under the authority of the Office of Health Data and Informatics and is responsible for implementing privacy regulations consistently across the VHA.

The Six Privacy Statutes

- The Freedom of Information Act
- The Privacy Act
- The VA Claims Confidentiality Statute
- Confidentiality of Drug Abuse, Alcoholism and Alcohol Abuse, Infection with the Human Immunodeficiency Virus, and Sickle Cell Anemia Medical Records
- The Health Insurance Portability and Accountability Act of 1996
- Confidentiality of Healthcare Quality Assurance Review Records

Compliance

- All employees must conduct themselves in accordance with the rules of conduct concerning the disclosure or use of information.
- The Veterans Health Administration (VHA) privacy policy is contained in VHA Handbook 1605.1, Privacy and Release of Information.
- Failure to comply with the privacy policy could lead to significant civil and criminal penalties.

Penalties 65 Fed. Reg. At 82470

- Civil penalties: \$100 per violation, up to \$25,000 per person, per year for each prohibition violated.
- Federal criminal penalties for knowing violations:
 - Up to \$50,000 and one year in federal prison.
 - Under “false pretenses” – up to \$100,000 and up to five years in federal prison.
 - “Intent to sell, transfer or use” – up to \$250,000 and up to 10 years in federal prison.
- In addition to the penalties listed above, administrative, disciplinary or other adverse actions (e.g., admonishment, reprimand and/or termination) may be taken against employees who violate the statutory provisions.

What information is protected?

- Protected information includes any information which is “individually identifiable”.
- Individually identifiable information is the detailed information that points to a patient’s health status and may include:
 - Name
 - Address
 - Social Security Number
 - Names of Relatives
 - Other information regarding relatives
 - Telephone/Fax/Other Numbers
 - Photographs or Physical Presence; or
 - Geographic Destination Smaller than a State.

De-identified Information...

- De-identified information is not considered to be individually identifiable; therefore, the provisions of the Privacy Act, HIPAA and VA Confidentiality statutes do not apply. The VHA considers health information not individually identifiable only if:
 - An experienced statistician determines that the risk that the information can be used to identify an individual is very small.
 - Several identifiers are removed from the information (See VHA Handbook 1605.1, Privacy and Release of Information, Appendix B)

How can information be released?

- The general rule is that the use or disclosure of protected health information is prohibited unless it is:
 - For treatment, payment or health care operations
 - Authorized by the patient, or
 - Required for public health and/or law enforcement purposes.

Treatment

- Treatment is defined as the coordination or management of health care or related services by one or more health care providers.
This includes the coordination of health care by a health care provider with a third party, consultation between providers relating to a patient and the referral of a patient for health care from one health care provider to another.

Payment

- A payment is an activity undertaken by a health plan (VA) to obtain premiums, to determine its responsibility for coverage, or to provide reimbursement for health care.
- This could include pre-certification, utilization review or release of protected health information (PHI) to a third party insurance carrier for reimbursement.

Health Care Operations

- Health care operations are those activities which are deemed essential to the effective operation of a medical center.
- These include conducting quality assessment and improvement activities, case management, reviewing competence or qualification of health care professionals, evaluating practitioner performance, legal services, business management, auditing and customer service evaluations.

Authorization Requirement

- Any authorization for release of medical information must be in writing. Verbal authorizations are unacceptable under applicable federal law.
- VHA uses **VA Form 10-5345**, Release of and Consent to Release of Medical Records, for meeting the authorization requirements.

What can be released?

- Generally speaking, all requests for information MUST be handled through Release of Information. However, under some circumstances, it is necessary for clinicians to release information for purposes of patient education.
- In those circumstances, the privacy policy mandates that only information which is “minimum necessary” be disclosed to accomplish the intended purpose.

Permitted Disclosures

- The privacy statutes permit, but do not require, PVAMC to disclose health information without authorization for certain public responsibilities, including:
 - Emergencies
 - Identity of deceased individual and determining cause of death
 - Public health needs
 - Judicial and administrative proceedings
 - Law enforcement under some circumstances
 - National defense and security

Business Associates...

- “Business associates” are outside agencies or companies that may have access to protected health information. Some examples of business associates include:
 - Staffing agencies
 - Contracted business and service agreements
 - Academic affiliations such as the University of Pennsylvania
 - Accrediting organizations such as The Joint Commission (TJC)

Patient Rights...

- **Privacy Notice:** The Dept. of Veterans Affairs must notify patients in writing how they may use or disclose their health information. (see Appendix A in accompanying handouts)
- **Authorization:** Separate patient written authorization must be obtained for non-routine disclosures and most non-health care purposes. Treatment may not be conditioned on receiving authorization.
- **Access:** Patients must be able to access and get copies of their records at any point and for any reason.
 - VHA uses **VA Form 10-5345a**, Individuals Request for a Copy of their Health Information, for the purposes of requesting access to their own health record by the veteran
- **Restrictions:** Patients have the right to request restrictions on the use and disclosure of their information. The request must be in writing and signed by the veteran.
- **Amendments:** The veteran has the right to request an amendment to any information in his/her record. The request must be in writing and adequately describe the specific information the veteran believes to be inaccurate, incomplete, irrelevant or untimely, as well as the reason for this belief. All requests for amendment will be reviewed by the PVAMC Privacy Officer.
- **Accounting of Disclosures:** A veteran may request a list of all disclosures of information, both written and oral, from records pertaining to the individual. PVAMC is required to keep an accurate accounting for each disclosure of a record to any person or to another agency. Accountings are not required when the information being requested is for performance of employee duties.
- **Recourse:** Patients may file formal complaints with the PVAMC Privacy Office, the Office of Inspector General, and the VHA Privacy Office or with the Department of Health and Human Services, Office of Civil Rights.

- **Confidential Communications:** A veteran has the right to request and receive communications confidentially by an alternative means (in person) or at an alternative location (address other than the individual's permanent address).
- **Facility Directory Opt-Out:** Patients have the right to opt-out of being included in the facility directory. If a patient chooses to opt-out, the following is applicable:
 - Patient will not be listed in the Facility Directory (applied to inpatients only);
 - Patient is identified by "I" on Gains and Losses report and in VistA Patient Inquiry.
 - Employees cannot release any information to anyone regarding the patient;
 - Patients may change their selection at any time during their admission.

Operational Privacy Issues...

- **Faxes:** Information may be faxed only when the following precautions are taken:
 - Verify the fax number of the recipient;
 - Include a cover sheet containing the appropriate confidentiality statement;
 - Verify that the recipient's fax machine is in a secure location;
 - After the fax is transmitted, the employee should contact the recipient to verify receipt of the fax.
- **Email:** Absolutely **NO** protected health information should be sent over Outlook unless such data is encrypted. If the use of email is necessary, employees should only use VistA for purposes of transmitting information electronically.
- **Document Shredding:** **NO** protected health information should be discarded in regular wastebaskets. All confidential information should be placed in the DocuVault secure shredding containers to ensure patient privacy.
- **Open Discussions:** Absolutely **NO** health information should be the topic of discussion outside the clinical setting. This includes in places such as the hallway, the canteen, elevators or the parking lot.
- **Training:** Privacy training is required within 30 days of the new employee's entrance on duty. Thereafter, all employees must complete privacy training annually.
- Employees include: all full-time and part-time personnel, consultants, without compensation employees, fee basis, contractors, residents, students and volunteers.
 - Note that compensated work therapy workers are not considered employees and cannot access individually identifiable health information without first obtaining proper authorization from the patient.

Points of Contacts...

Privacy & FOIA Officer
Brandy Perkins, MBA, MHA, CPCO
215-823-4311

Alternate FOIA Officer
Tanya Earle, RHIT
215-823-4443

Alternate Privacy Officer
Pauline Graham, RHIT, CCS, C-CDI
215-823-6369

Information Security Officers
Mike Yung and Anupam Anand
215-823-5159

Radiation Safety Program - Minimizing Radiation Exposure

Responsible for the safe use of radioactive materials (RAM) and radiation producing equipment. Daily operations are administered by the Radiation Safety Office under the direction of the Radiation Safety Committee (RSC) in accordance with the VA Master Nuclear Regulatory Commission (NRC) license requirements and regulations, mandates of Department of Veterans Affairs National Health Physics Program (NHPP), and all other applicable agencies.

Also, responsible for the safe use of lasers and Magnetic Resonance Imaging (MRI) equipment

National Health Physics Program (NHPP)

The NHPP holds the VA's master NRC Materials license and it is responsible for the safe use of radioactive materials in the local VA radiation Safety programs.

The NHPP is another source for addressing radiation safety questions or concerns.

ALARA PROGRAM

ALARA means **As Low As Reasonably Achievable**

Each VA Medical Center is required to develop and implement an ALARA program as a condition for having a LICENSE (PERMIT).

The ALARA program is a written commitment on the part of VA management, the RSO, the Radiation Safety Committee and all users to maintain radiation exposures to the patients, staff and to the public.

WHERE IS RADIATION USED?

- | | |
|------------------------|-------------------------|
| • Radiology | Dental |
| • Radiation Therapy | Patient Rooms (5W) |
| • Operating Room | Medical Research |
| • Cardiology & EP Labs | Respiratory Care |
| • Emergency Room | MICU/SICU |
| • Warehouse | Community Living Center |
| • Nuclear Medicine | |

SECURITY

Radioactive materials or radioactive material waste must be secured at all times from unauthorized access or removal by persons who are not approved for the use or handling of such material.

This means:

Lock storage areas, and/or

Lock laboratory doors when not in attendance

Constant surveillance of radioactive materials when not in storage

RADIATION PRODUCING MACHINES

- | | | |
|---------------------|--------------------|--------------------|
| • Cardiac Cath Unit | Linear Accelerator | Digital x-ray unit |
| • Basic x-ray tube | Mammography | Mammography |
| • Dental | Portable | Portable C-arm |

BACKGROUND RADIATION

Radiation is present in our environment from sources that are not man-made (the sun, stars, geological deposits like uranium, radon).

About 70% of our lifetime radiation exposure will be a result of Background Radiation.

The average adult living in the United States receives an average of 620 mrem/yr (6.2 mSv) from background radiation.

TYPES OF “IONIZING” RADIATION

- Gamma rays
- X-rays
- Alpha Particles
- Beta Particles
- Neutron Particles

EXPOSURE REDUCTION METHODS

TIME - minimize time

DISTANCE - increase distance

SHIELDING - use shielding

PERMISSIBLE DOSE LIMITS

Occupational Dose Limits:

WHOLE BODY = 5,000 mrem/yr (50 mSv/yr)

EYE = 15,000 mrem/yr (150 mSv/yr)

SKIN = 50,000 mrem/yr (500 mSv/yr)

EXTREMITIES = 50,000 mrem/yr (500 mSv/yr)

DECLARED PREGNANT WORKER = 500 mrem/9 month (5mSv) gestation period, and should NOT exceed 50 mrem (0.5 mSv) in a month.

Non-occupational radiation exposure dose:

DOSE TO GENERAL PUBLIC = 100 mrem/yr (1 mSv/yr), not to exceed 2 mrem (0.02 mSv) in any one hour.

DECLARED PREGNANT RADIATION WORKER

500 mrem/9 month (5 mSv) gestation period or 50 mrem (0.5 mSv) in a month.

- It is your “right” and you may wish to declare your pregnancy.
- Declaration of pregnancy is strictly *voluntary*, and must be provided in *writing* to the Radiation Safety Officer (RSO).
- If you choose to declare your pregnancy in writing, you will be issued a fetal monitor to be worn during the 9 month gestational period.
- Note: these limits are much higher than what most radiation workers usually receive and it is rare to receive a dose that even approaches these values. The dose limits include external sources, internal radiation, and inhaled materials in the workplace. Medical and background exposure are NOT included.

RADIATION DOSIMETRY

How is occupational radiation exposure measured?

Radiation measuring devices (badges) are issued by the Radiation Safety Office to individuals who are authorized to work with or in the vicinity of radioactive material or radiation producing equipment if it is expected that the individual could exceed 10% of the annual occupational radiation exposure limit.

All dosimetry monitors (badges) issued must be worn, and turned in, in a timely basis. Please report all lost or damaged badges to Radiation Safety Office, located in Building 1, Suite A538.

POSTING & LABELING REQUIREMENTS

All areas where radioactive material or radiation must be posted with a
“CAUTION RADIOACTIVE MATERIAL”

Or

“CAUTION RADIATION AREA” sign.

Packages containing radioactive material must be labeled as radioactive.

SPECIAL USE RADIONUCLIDES

Diagnostic Nuclear Medicine & Radiation Oncology Procedures: Iodine -131 Therapy – Thyroid Cancer and hyperactivity; Therapeutic Strontium -89 Therapy – pain relief

TRASH MONITORING

All trash and linen leaving the medical center and CLC must be monitored for radioactive material. Any trash triggering the sensitive radiation alarms must be held in a secure area and the Radiation Safety Office should be contacted.

REPORTING RADIATION INCIDENTS

Mary E. Moore - Radiation Safety Officer (RSO)

Phone: (215) 823-6009, Cell 609-923-454; Blackberry 267-294-8897

Location: Building 2, Room B-20, Building 3, Room 105

Rodger Holst - Health Physicist

Phone: (215) 823-5270, Pager: (215) 265-1884; Location: Building 2, Room B1-101

Chemese Craig - Program Support Assistant

Phone: (215) 823-4537, Pager: 73-540; Location: Building 2, Room B1-101

NRC NOTICE TO ALL EMPLOYEES

What is the NRC and its function?

What are my rights and my employer's responsibility to me?

What is my individual responsibility?

How do I report a violation or concern?

Can I be fired if I raise a safety concern?

OPEN DOOR POLICY

ALL EMPLOYEES ARE ENCOURAGED TO COME TO MANAGEMENT WITH ANY QUESTIONS OR CONCERNS REGARDING THE USE OF RADIATION & RADIOACTIVITY IN THE MEDICAL CENTER.

ADDRESSING RADIATION SAFETY CONCERNS IS A “PROTECTED” ACTIVITY.

QUALITY MANAGEMENT DEPARTMENT

- Accreditation
- External Peer Review Program
- Infection Prevention
- Patient Advocate
- Patient Safety
- Risk Management
- Service Line Quality Management Specialists
- System Redesign
- Utilization Management
- VASQIP



- Requires organizations to make ongoing efforts to **improve patient care and processes**
- Surveys are ***unannounced***
- All employees will be **expected to know**:
 - Organization's Mission and Vision
 - National Patient Safety Goals
 - Organizational and Departmental Performance Improvement policies/projects and your role in these activities
- Other accrediting and regulatory commissions are ***Commission on Accreditation of Rehabilitation Facilities (CARF) and Office of Inspector General (OIG)***
- **THE JOINT COMMISSION TRACER METHODOLOGY**
- Evaluation method used by surveyors
- Two types of Tracers:
 - Patient Tracers
 - System Tracers
- ***Patient Tracer***- used to "trace" the care experiences of patients. Follow patient from point A to point B to point C. Surveyors may visit multiple programs
- ***System Tracer***- used to learn about an organization's Performance Improvement (PI) process relating to a certain system such as:
 - Data Management
 - Infection Control
 - Medication Management

CONTINUOUS READINESS

- ***Doing the right thing for the patient everyday***
- If you do things for regulatory requirements only, you are doing it for the wrong reason
- ***If you do things to improve the quality and safety of care given to patients, you will not only meet but will exceed regulatory requirement***

EXTERNAL PEER REVIEW PROCESS – EPRP

VA's performance measure program - started in 1996 Under Secretary of Health, Dr. Kenneth Kizer

- Focused: High volume, high risk, and problem prone aspects of care across the VA system
- An independent EPRP was established and is administered by West Virginia Medical Institute (WVMI) under the guidance of Office of Quality & Performance (OQP)

- Performance measures help improve certain aspects of patient care; in addition these provide peer reviewed clinical accountability
- Measures are the core expectation for all levels of leadership, managerial, as well as first level staff

INFECTION PREVENTION & CONTROL

This program exists to provide support to all staff, patients, volunteers and visitors in order to **prevent** the development of infection. If we fail to prevent the development/spread of infection, then control methodologies become needed.

Major focuses to prevent infections:

- Hand hygiene
- Standard precautions
- Proper use of personal protective equipment
- Isolation precautions
- Proper disposal of infectious waste
- Disinfection/sterilization of re-usable medical equipment
- Influenza vaccination
- Yearly tuberculosis screening

KEY COMPONENTS OF THE INFECTION PREVENTION & CONTROL PROGRAM INCLUDE:

- Identification of risks, goals, plans, strategies and surveillance activities to reduce the risk of acquiring health-care associated infections.
- Surveillance – the ongoing systematic collection, analysis, evaluation and feedback of data to staff
- Education of staff to prevent, and if necessary – control, communicable infections and diseases
- Cooperation with public health authorities

PATIENT ADVOCATE OFFICE

The primary goal of the Patient Advocate Office is to improve customer service by ensuring veteran satisfaction with the care we provide here at PVAMC. We provide support to veterans and their family members by addressing and resolving issues or concerns regarding the care the veteran receive, in a professional and timely manner. All issues/concerns are entered into the Patient Advocate Tracking System (PATS). The data captured in PATS is analyzed and used identify trends and address systematic issues here in the hospital. We are focused on resolving concerns of the veterans; we are not a complaint department

PATIENT CENTERED CARE

The VA is currently embracing the opportunity to moving away from a problem-based disease healthcare approach to a patient centered focus. Here at PVAMC we are moving from physician-centered care to personalized, proactive, patient centered care based on relationships —relationships built on trust and committed to positive results over the Veteran's lifetime. Transforming from problem-based disease care to patient-centered health care is an opportunity unparalleled in the history of medicine and a radical departure from VA's current approach. Patient Centered Care has the Veteran at the center, and begins with *their* vision of health and *their* goals. It links the Veteran's personalized health plan to what matters to them in their lives, and it supports them in acquiring the skills and resources they need to succeed in making sustainable changes in their health and life. Our one day Staff Retreat provides employees with the information and the skills to become a more Patient Centered Care provider.

A CULTURE OF PATIENT SAFETY

- **Patient Safety is one of our top priorities**
- The National Patient Safety Goals (NPSG)
- are intended to decrease the risk of errors in various patient care settings
- Beyond Blame Culture
 - *No pointing fingers – the focus is on the process*
 - *NOT “who”, but “why”*
- *No Band-Aid fixes – instead, **process changes** to prevent reoccurrence and sustain improvements to patient care*
- **ALL staff are responsible for patient safety and reporting adverse events and safety concerns**

PATIENT SAFETY

- Adverse Events – incidents associated with care or services i.e. falls, medication errors, patient injuries
- Close Calls – event or situation that could have resulted in actual injury
- Sentinel Events – An unexpected occurrence involving death or serious physical or psychological injury, or risk thereof i.e. wrong site surgery, suicides, death from med error
- Reporting of Events – Report to Supervisor & completion of an Electronic Patient Event Report (ePER)
 - Instructions for completing the 10-2633 form are on the intranet
- Root Cause Analysis (RCA) – process for identifying the basic or contributing causal factors involved in an adverse event or close call
 - Interdisciplinary team focuses on systems & process – not individual performance
 - Identifies changes that could be made to systems or processes to reduce risk of reoccurrence
 - **RISK MANAGEMENT PROGRAM**
- Monitors for evidence of disclosure when there has been an adverse event with harm, or potential for harm, to the patient.
- Coordinates the protected peer review program (provider-specific reviews to evaluate the quality of care)
- Coordinates the tort claims process between the medical center and regional counsel and the Office of Medical Legal Affairs (OMLA).

SERVICE LINE QM SPECIALISTS

- Liaison between QM and the service line
- Serve as consultants to service line leadership
- Monitor service specific quality outcomes and facilitate plans for improvement

SYSTEMS REDESIGN

- Systems Redesign is all about improvement in the way our system works
 - Teams chartered by the Director
 - Teams report to Strategic Planning Committee
- VA TAMMCS which stands for Vision; Analysis; Team; Aim; Map; Measure; Change; Sustain/Spread
 - This is the road map to success in Systems Redesign and improvement work

UTILIZATION MANAGEMENT

- UR/UM Nurses review acute and psych inpatient stays using InterQual criteria which is nationally recognized for acute conditions
- Attend multi-disciplinary rounds, discuss cases and assist in finding “*the right care at the right time in the right place at the right cost*”
- Follow policy and refer cases to the Physician Utilization Management Advisor (PUMA) who discusses the cases with the attending physicians and makes a determination as to what is the most appropriate level of care for the veteran

Safety

Safety Office

- Anthony Diederich – Safety Manager
- Judith Prozonc – Industrial Hygienist
- Scott Shore – Life Safety Specialist
- Mike Mouw – GEMS Coordinator

New Employee Orientation

- **Topics:**
 - Environment of Care
 - Fire (aka Life) Safety
 - Electrical Safety
 - GEMS
 - Hazardous Communication
 - Injuries on the Job

Environment of Care

- Fire Safety
- Electrical Safety
- Hazardous Materials and Waste/Hazardous Drugs
- Utility Systems and Safety
- Security/Parking
- Medical Equipment Safety
- Emergency Management
- Green Environmental Management System. (GEMS)

Fire Safety

- Hospitals are built with fire safety considerations
 - Compartments to reduce spread of smoke/fire
 - Fire doors and walls
- Smoking is prohibited in the hospital and is confined to designated smoking areas.

Fire Safety





- Fire safety is important in a hospital as many patients cannot care for themselves.
- The terminology for a fire in the hospital is **CODE RED**.
- In the event of an actual fire, the Philadelphia Fire Department responds to assist.

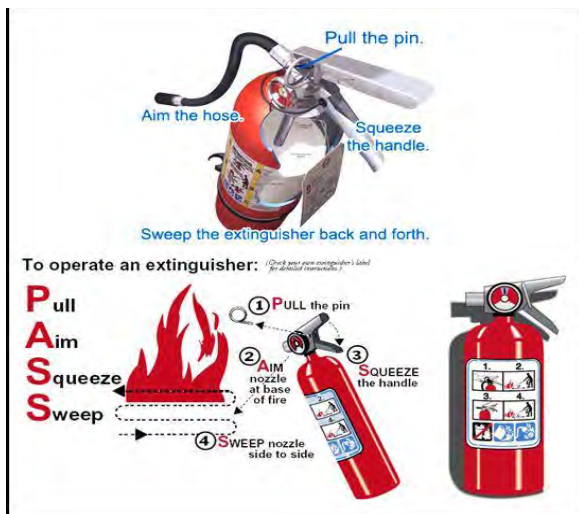
Fire Extinguisher Training



There are different types of extinguishers; the most common in the hospital is the ABC Dry Chemical Extinguisher:

Fire Extinguisher Chart

Extinguisher		Type of Fire				
Colour	Type	Solids (wood, paper, cloth, etc)	Flammable Liquids	Flammable Gasses	Electrical Equipment	Cooking Oils & Fats
	Water	✓ Yes	✗ No	✗ No	✗ No	✗ No
	Foam	✓ Yes	✓ Yes	✗ No	✗ No	✓ Yes
	Dry Powder	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✗ No
	Carbon Dioxide (CO2)	✗ No	✓ Yes	✗ No	✓ Yes	✓ Yes



If you ever need to use an extinguisher, remember **PASS**
Pull.....Aim.....Squeeze.....then Sweep.....

In the event of a Fire / Code Red

- Remove patients in immediate danger first
- Alarm the facility: Activate a pull station and Dial Extension **2000**
- Confine/contain the fire by closing doors
- Evacuate when conditions require patient movement
- Remember this important fire response information:
 - Do Not Use Elevators
 - Keep stairway and fire doors closed
 - Remove items temporarily stored in hallways

Evacuation

- Evacuate patients horizontally down the corridor to an area beyond the corridor fire doors.
- Evacuate ambulatory patients first, followed by patients in wheelchairs and followed by patients who are bedridden.

Fire Drills

- Fire drills help staff prepare for actual emergencies
- All personnel should respond to fire drills as if it is an actual emergency.

Departmental Fire Safety

- Know your department specific plan
- Locate the nearest exit- know two ways out
- Locate the nearest fire alarm pull station
- Locate the nearest fire extinguisher
- Locate the nearest oxygen control valve



Oxygen Control Valves

- Oxygen does not burn, but supports combustion and will make a fire larger.
- Patients must be medically assessed and individually transferred off oxygen before evacuation.
- The nurse in charge makes the decision on whether to turn off patient oxygen in a fire situation.

Electrical Safety

- All devices entering the hospital must be approved for use.
- Electric devices that do not pass inspection must be removed.
- The following devices are generally prohibited:
 - extension cords
 - heating devices
 - personal televisions

Electrical Safety

- When unplugging, always unplug equipment from the plug at the outlet.
- Always use three-prong plugs and inspect the condition of the cord.

Lock Out / Tag Out



Never remove a Tag from a piece of equipment or panel

Green Environmental System (GEMS)



Green Environmental System

GEMS Coordinator

- Environmental Manager
 - Hazardous Materials and Wastes
 - Infectious, Chemical, Radioactive, etc.
 - Call x 6097 for turn-in
 - EPA and OSHA Law, Executive Orders and VA Directives
 - Clean Air Act, Clean Water Act, Recycling, Green Purchasing



- **Red** trash bags indicate infectious waste.
- Waste with visible blood is considered infectious waste; it must be placed in a **Red** bag.
- No infectious waste is to be placed into municipal waste. No municipal waste is to be placed in a **Red** bag.

Employers must inform employees about any known health hazards in the workplace.

“Federal Hazard Communication Standard” (OSHA)

- Employers need to eliminate hazards by:
 - Establishing safe workplace practices;
 - Substituting less hazardous materials;
 - Mandating the use of personal protective equipment

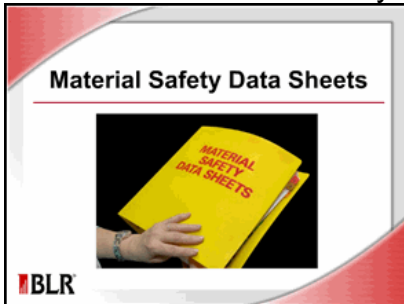


4 Ways That a Chemical Can Enter Your Body

- Inhalation
- Absorption
- Ingestion
- Injection

Safety Data Sheet (SDS)

- A Safety Data Sheet (formally, MSDS) must be available for each chemical.
- Read the SDS before working with any chemical.
- SDS must be readily available at all times.



Let's check in....

- What do the letters RACE stand for in fire safety?
- What does PASS stand for in using a fire extinguisher?
- **What is the primary level of patient evacuation?**
- What are red bags used for?

Injuries on the Job

- Report it to your supervisor and Employee Health
- All work-related incidents must be reported to employee health as soon as possible.
- If the injury is life threatening-employees may report directly to the Emergency Department (ED).



MEDICAL LIBRARY
Philadelphia VA Medical Center

Location: Basement Bldg. 1, GC-120

Hours: Monday- Friday 8:00 am – 4:30 pm

Patient Computers Available Monday- Friday: 8:15 am – 4:15 pm

Library Services:

- Literature Searching
- Article Retrieval
- Interlibrary Loan
- Computer Access for Employees and Veteran Patients
- Instruction on Library Resources for Individuals or Groups
- Books, Journals, and DVDs
- Electronic Resources Accessible Remotely via Athens
- Copier

Other Information:

Library e-mail: VHAPHILibraryStaff@va.gov

Phone#: 215-823-5860

SharePoint link from <http://vaww.philadelphia.va.gov/>

Library Staff:

Priscilla Stephenson, Chief Librarian, x 6699

Mark Marchino, Medical Librarian, x 6693

Michael Toner, Library Tech, x 6693

Information Security

Information Security Starts with I: **Individual Responsibility**

PVAMC Information Security Officers:

- Mike Yung
 - Mike.Yung@va.gov
Room B3B113
- Anupam Anand
 - Anupam.Anand@va.gov
Room B3B103
Phone: 215-823-5159
Fax: 215-823-4282

Annual Mandatory Training

- All VA employees are required to complete VA Privacy and Information Security Awareness and National Rules of Behavior training in the VA Talent Management System (TMS).

Annual Mandatory Training

- If you have access to protected health information (PHI), you are **required** to take the more detailed Privacy and HIPAA training in addition to this course.
- Failure to comply with the training requirements identified above will result in denial or removal of your access rights and privileges to VA information and information systems, which may have an adverse impact on your performance of duties.

Sensitive Information

- Protected Health information (PHI)
 - Health Information
 - Individually identifiable health information
- Benefits information
- Personally Identifiable Information (PII)

For additional information regarding sensitive information please contact PVAMC's Privacy Officer.

Protect your password

- Never share your password with anyone.
- Do not write it down and leave it in plain sight.
- You will have to change your password every 90 days
- Password requirements:
 - **MUST** be at least 8 characters long
 - **MUST** contain at least 3 of these 4 different character types:
 - upper case letters
 - lower case letters
 - numbers (0-9)
 - special characters(such as *,\$,# or @)

ADPAC

- Automated Data Processing Application Coordinator – Subject Matter Expert
- Assist with all your access needs (i.e. forms, menu/key requests, PKI, computer hardware, etc.)

Public Key Infrastructure (PKI)

- ▣ VA regulation mandates E-mail communication that contains patient PII and PHI to be encrypted.

Allows Microsoft Outlook E-mail to be encrypted

Public Key Infrastructure (PKI)

- PIV ID card contains PKI certificates.
 - Exception: Blackberry users.
 - Contact ADPAC for assistance.

Report computer security issues and viruses to the ISO and PVAMC IT Department

- If you believe someone has stolen your password or illicitly accessed your computer.
- Stolen or lost IT equipment.

Witness prohibited activities (i.e. Pornographic web sites, persons sharing accounts, not authorized personnel using VA owned equipment)

Report computer security issues and viruses to the ISO and PVAMC IT Department

- If you receive a suspicious and/or unsolicited E-mail (SPAM):
 - Delete
 - Do not click on any shortcuts
 - Do not respond
- If you forget your network login password or Vista Access/Verify Code, get in touch with your ADPAC and/or call the Facility Information Technology (FITS) Help Desk for assistance

215-823-5800 ext. HELP (4357)

E-MAIL

- **E-MAIL IS NOT PRIVATE**
 - legal document that can be used in a court of law
 - FOIA
- **E-MAIL IS NOT SECURE**
 - Sensitive information/PHI should not be sent by e-mail unless encrypted. *Patient name or SSN should never be in the subject line*
 - **Subject to monitoring and misuse can result in disciplinary action**
- **Employee responsibilities:**
 - Communicate clearly and appropriately
 - Do not forward hoaxes, rumor-filled e-mails or forward chain-mail
 - Do not send illegal or inappropriate transmissions
 - Do not open unsolicited or suspicious e-mail messages
 - Do not use "Reply to All" unless absolutely necessary

USB Flash Drives and other USB devices

- **ARE NOT AUTHORIZED**
- **DO NOT CONNECT TO ANY COMPUTER**
 - Sanctuary monitors when a device is plugged-in.

VPN

- Remote access to VA Systems
- Requirement:
 - Clear justification required
 - Supervisor approval
 - Completion of VA mandatory training <https://vpnportal.vansoc.va.gov/SelfService/>

CONFIDENTIALITY

- Breaches in confidentiality can occur if:
 - You leave your computer without logging off
 - Allow a view of your computer monitor by unauthorized persons
 - Paper documents are not adequately controlled or out of view

Even conversations about a veteran's case in a public place (waiting area; elevator) can be a breach of confidentiality.

DO NO HARM

- Protect Patient information as it was your own

Lock your computer when not in use

- Press Ctrl+Alt+Delete
- Easier method:
 - Microsoft Windows key + L
- Protect VA data and Your Access.

How to contact the ISO?

Telephone

- Ext. 5159 from any telephone inside the facility
- Local Call: (215) 823-5159

E-mail

- **To:** VHAPHI ISO (VHAPHIiso@va.gov)
- **Subject:** Brief problem description
 - **Body:** Detailed problem description including: location of the problem, number of people affected, severity of problem, and contact information.

Location: Sub-Basement, Room B3B103 and B3B113

PARKING INFORMATION

VA Campus Park and Ride Schedule (267-324-9691)

1600 S. Warfield Street, Philadelphia, PA 19145

VA Employees should use **Shelters 3 and 4** at Campus
Park and Ride

AM Times From Campus Park & Ride (CPR) to VA

5:35	6:25	7:10	7:55
5:45	6:35	7:20	8:05
5:55	6:45	7:27	8:15
6:05	6:55	7:35	8:25
6:15	7:02	7:45	8:35

8:35 AM to 3:00 PM regular CPR buses drop off and pick-up at SEPTA's stop (in front of Philadelphia VA Medical Center's VA Entrance).

Times that the Shuttles Operate/Run: 8am to 10 am: 15 minutes Shuttles; 10am to 3pm: 30 minute Shuttles. Questions? Call Dispatch 267-324-9691 for additional information.

PM Times From VA to CPR

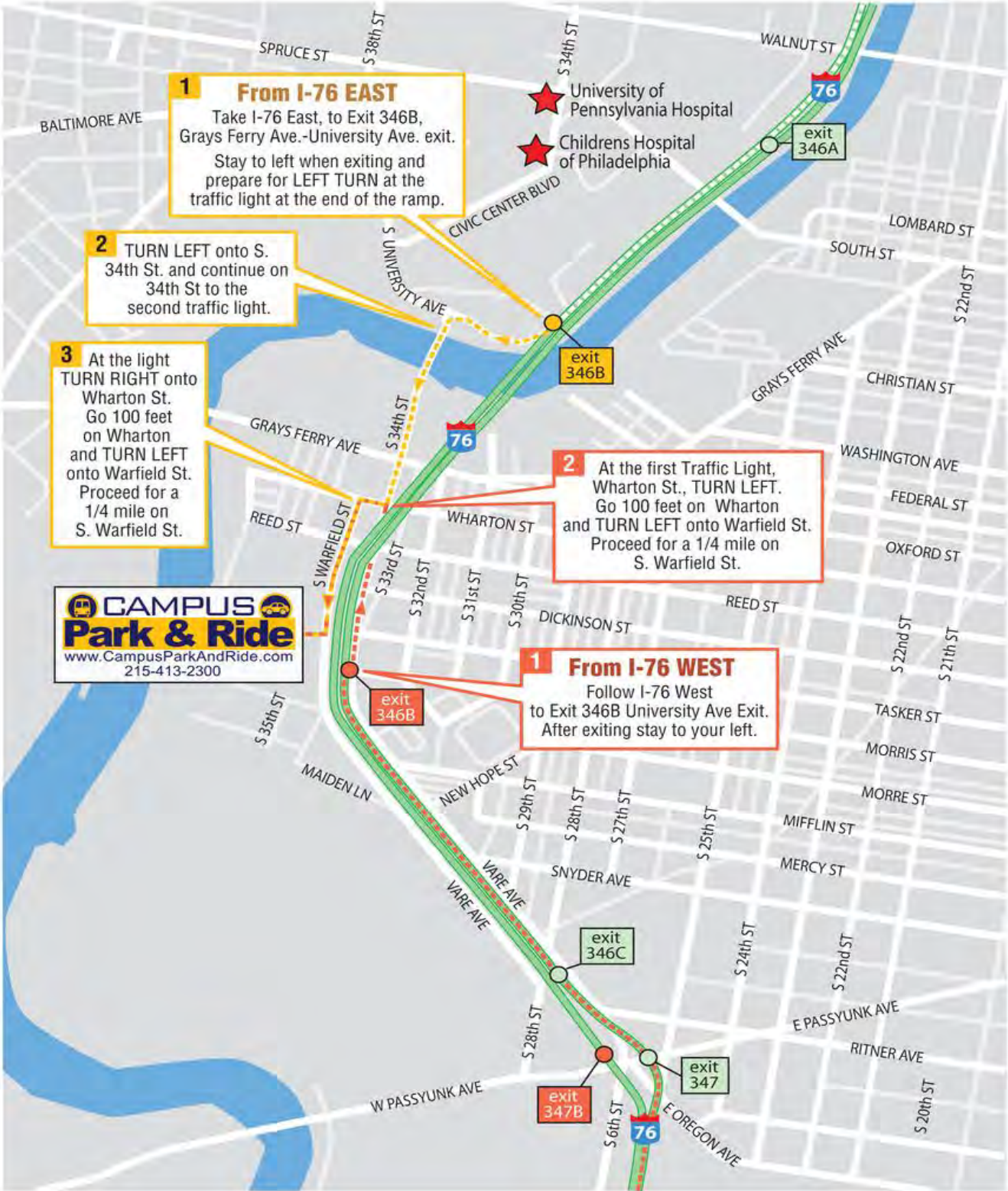
3:00	3:50	4:30
3:10	4:00	4:40
3:20	4:10	4:50
3:30	4:20	5:00
3:40		

NOTE: 5:00 PM to 6:30 PM regular CPR buses, that also pick up at HUP and CHOP, Pick up every 10 minutes at the SEPTA stop in front of main building. Questions? Call Dispatch 267-324-9691 for additional information.

NOTE: After 6:30 PM regular CPR buses will stop at the SEPTA stop in front of Philadelphia VA Medical Center's main building when called at 267-324-9691. If not called buses stop at Curie Blvd stop. Questions? Call dispatch 267-324-9691 for additional information.

Buses run: 6:30 pm to 8 pm: 10 minute Shuttles; 8pm to 10 pm: 20 minute Shuttles
10 pm to 5:35 am: Shuttle is On Call

1600 S. Warfield St Philadelphia, PA 19145



Directions: Campus Park and Ride® 1600 S. Warfield Street Philadelphia , PA 19145

From Northeastern Area Follow I-95 South; follow Exit 22 for I-676 West (Vine Street Expressway) stay left. Follow I-676 to Exit for I-76 East, International Airport. Follow I-76 East to Exit 346B, Grays Ferry Ave. / University Ave. Exit. Stay to left when exiting and prepare for left turn at the traffic light at the end of the ramp. Make 1st left turn onto S. 34th St. and continue on 34th St. to the 3rd traffic light. At the light turn right onto Wharton St.; Go 100 feet on Wharton St. and turn left onto Warfield St. Proceed for ¼ mile on S. Warfield St. and Campus Park and Ride® will be on your right side.

From the West Take I-76 East, Follow I-76 East to Exit 346B, Grays Ferry Ave. / University Ave. Exit. Stay to left when exiting and prepare for left turn at the traffic light at the end of the ramp. Make 1st left turn onto S. 34th St. and continue on 34th St. to the 3rd traffic light. At the light turn right onto Wharton St.; Go 100 feet on Wharton St. and turn left onto Warfield St. Proceed for ¼ mile on S. Warfield St. and Campus Park and Ride® will be on your right side.

From the North Take I-476 South, follow I-476 to Exit 16A for I-76 East, Schuylkill Expressway - Philadelphia. Follow I-76 East to Exit 346B, Grays Ferry Ave. / University Ave. Exit. Stay to left when exiting and prepare for left turn at the traffic light at the end of the ramp. Make 1st left turn onto S. 34th St. and continue on 34th St. to the 3rd traffic light. At the light turn right onto Wharton St.; Go 100 feet on Wharton St. and turn left onto Warfield St. Proceed for ¼ mile on S. Warfield St. and Campus Park and Ride® will be on your right side.

From the South Take I-95 North to Exit 13, I-76 West-Valley Forge. Stay left towards I-76 West. Cross the George Platt Bridge and turn left to I-76 West on 26th St. Follow I-76 West to 346B University Ave Exit. After exiting stay to your left on 34th St. At the light turn right onto Wharton St.; Go 100 feet on Wharton St. and turn left onto Warfield St. Proceed for ¼ mile on S. Warfield St. and Campus Park and Ride® will be on your right side.

From New Jersey Take the New Jersey Turnpike to Exit 3, then the Black Horse Pike (Rte. 168 North) for one mile to I-295 South. Go one mile to Exit 26. I-76 West to Walt Whitman Bridge. Cross Bridge and continue on I-76 West. Follow I-76 West to 346B University Ave Exit. After exiting stay to your left on 34th St. At the light turn right onto Wharton St.; Go 100 feet on Wharton St. and turn left onto Warfield St. Proceed for ¼ mile on S. Warfield St. and Campus Park and Ride® will be on your right side.

Alternate Route from New Jersey Take The Ben Franklin Bridge to I-676 West. Follow I-676 to Exit for I-76 East, International Airport. Follow I-76 East to Exit 346B, Grays Ferry Ave. / University Ave. Exit. Stay to left when exiting and prepare for left turn at the traffic light at the end of the ramp. Make 1st left turn onto S. 34th St. and continue on 34th St. to the 3rd traffic light. At the light turn right onto Wharton St.; Go 100 feet on Wharton St. and turn left onto Warfield St. Proceed for ¼ mile on S. Warfield St. and Campus Park and Ride® will be on your right side.

From Montgomery County Follow I-76 East to Exit 346B, Grays Ferry Ave. / University Ave. Exit. Stay to left when exiting and prepare for left turn at the traffic light at the end of the ramp. Make 1st left turn onto S. 34th St. and continue on 34th St. to the 3rd traffic light. At the light turn right onto Wharton St.; Go 100 feet on Wharton St. and turn left onto Warfield St. Proceed for ¼ mile on S. Warfield St. and Campus Park and Ride® will be on your right side.

From West Philadelphia Travel east on Chestnut Street or Spruce Street to I-76 East. Follow I-76 East to Exit 346B, Grays Ferry Ave. / University Ave. Exit. Stay to left when exiting and prepare for left turn at the traffic light at the end of the ramp. Make 1st left turn onto S. 34th St. and continue on 34th St. to the 3rd traffic light. At the light turn right onto Wharton St.; Go 100 feet on Wharton St. and turn left onto Warfield St. Proceed for ¼ mile on S. Warfield St. and Campus Park and Ride® will be on your right side.

From Center City Follow I-676 West to Exit for I-76 East, International Airport. Follow I-76 East to Exit 346B, Grays Ferry Ave. / University Ave. Exit. Stay to left when exiting and prepare for left turn at the traffic light at the end of the ramp. Make 1st left turn onto S. 34th St. and continue on 34th St. to the 3rd traffic light. At the light turn right onto Wharton St.; Go 100 feet on Wharton St. and turn left onto Warfield St. Proceed for ¼ mile on S. Warfield St. and Campus Park and Ride® will be on your right side.

SMOKING GUIDELINES

Smoking and possession of lighted smoking materials are prohibited in all buildings and leased space operated by the medical center. A smoking shelter is provided outside the entrances for the convenience of those who wish to smoke.

- a. VA health care facilities have had a smoke-free policy since 1991, with smoking allowed only in designated areas.
- b. In 1992, Congress passed Public Law 102-585, requiring VHA medical centers, nursing homes, and domiciliary care facilities establish smoking areas for patients, and residents, in a way that is consistent with medical requirements and limitations. These areas could be in a building detached from the facility, accessible to the patients or residents, and with appropriate heating and air conditioning. In 1997, Executive Order 13058 established a policy of providing smoke-free environments for Federal employees and members of the public visiting or using Federal facilities, consistent with other laws, policies and collective bargaining agreements.
- c. Smoking areas for Federal employees, including VHA employees, have traditionally been negotiated through Collective Bargaining Agreements.
- d. Since the 1990s, there has been a large body of clinical research providing strong evidence of the harmful health effects of indoor exposures to secondhand smoke. In 2006, this evidence was reviewed and published in the United States Surgeon General's Report, "The Health Consequences of Involuntary Exposure to Tobacco Smoke," which reported that "secondhand smoke causes premature death and disease in children and in adults who do not smoke." In addition, the Surgeon General's Report also concluded that "eliminating smoking in indoor areas fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposure of nonsmokers from secondhand smoke.... The operation of a heating, ventilating, and air conditioning system can distribute secondhand smoke throughout a building." The Report clarifies the difficulties of providing an indoor area within a larger facility in a way that is "consistent with medical requirements and limitations," as required by Public Law 102-585, given its conclusions that:
 - (1) "The scientific evidence indicates that there is no risk-free level exposure to secondhand smoke."
 - (2) The current separate ventilation, heating, and air conditioning systems used in indoor smoking areas within larger facilities do not control exposure to smoke and, in fact, may distribute secondhand smoke throughout a building.
- e. Over the last two decades, the findings of the harmful health effects of smoking and secondhand smoke exposures have led to the enactment of smoke free policies in many workplaces and communities, including over 1,252 private and state hospitals and two national healthcare systems, which have adopted smoke-free grounds. There has been increasing clinical evidence that laws to enforce smoke-free worksites and public places may be associated with a reduced incidence of admissions for heart attacks in communities with such bans.
- f. While VHA is still required to provide smoking areas for patients and residents, additional measures can be put in place to further decrease exposure to secondhand smoke for VHA patients, residents, employees, visitors, and volunteers and to promote tobacco use cessation.

**SOURCE: MEDICAL CENTER MEMORANDUM NO. 00-08 FEBRUARY 2011
SMOKE-FREE ENVIRONMENT FOR THE PVAMC**

https://vaww.visn4.portal.va.gov/philadelphia/home/MCM/MCM_00_08.pdf

ORIENTATION/MANDATORY INFORMATION RECEIPT

Employee/Student/Residents/Contract Employee/Non-employee/WOC/Fee Basis

By Signing below, I acknowledge that:

1. I have received the guide to the Mandatory Orientation and Training Manual.
2. I have read the materials to the manual.
3. I have had an opportunity to ask questions.
4. I agree to comply with the standards as set forth in the manual.

_____	_____
Printed Name	Company/School (If applicable)

_____	_____
Employee/Student Signature	Date

_____	_____
School Instructor (if applies)	Date

_____	_____
Department Supervisor	Date